

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M69129** (8)

1. Corporation Name

**RAUL E. DE CUBAS, P.A.**



Principal Place of Business

**% RAUL E. DE CUBAS  
1313 PONCE DE LEON BLVD #301  
CORAL GABLES FL 33134**

Mailing Address

**% RAUL E. DE CUBAS  
1313 PONCE DE LEON BLVD #301  
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified  
**02/16/1988**

3a. Date of Last Report  
**02/02/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DE CUBAS, RAUL E  
1313 PONCE DE LEON BLVD.  
#301  
CORAL GABLES FL 33134**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (Typed or printed name of registered agent, if applicable)

Signature (Typed or printed name of registered agent, if applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DP  
DE CUBAS, RAUL E.  
1313 PONCE DE LEON BLVD  
CORAL GABLES FL**

☐ DELETE

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

2. TITLE  
3. NAME  
4. STREET ADDRESS  
5. CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

3. TITLE  
4. NAME  
5. STREET ADDRESS  
6. CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4. TITLE  
5. NAME  
6. STREET ADDRESS  
7. CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

6. TITLE  
7. NAME  
8. STREET ADDRESS  
9. CITY-ST-ZIP

☐ Change ☐ Addition

SIGNATURE:

**Raul E. de Cubas, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

(305) 445-6330

Customer Service

CR2E034 (12/95)