## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P92000012675 (4)

## EXCALIBUR AND ASSOCIATES INC.

Principal Place of Business Mailing Address 853 NW 133 COURT 853 NW 133 COURT MIAMI FL 33182-2205 MIAMI FL 33182 3. Date Incorporated or Qualified 3a. Date of Last Report 12/14/1992 05/01/1996 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0379139 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ALFANO, JORGEL 13784 SW 8TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33184** 83 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (HOTE: Registered Agent signature required when reinstating) Signature, typed or printed range of registered agent and title diapplicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) (9) 13. 12 Addition Change DELETE 1.1 TITLE 1:111 ALFARO, SONIA NAME 1.2 NAME 1330 CORAL-WAY 1.3 STREET ADDRESS STREET ACOURTS MIAMI FL 33145 1.4 CITY-ST-ZIP CITY ST-ZIF Change Addition DELETE 2.1 TITLE Title NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 City-51-7P Addition DELETE Change 3.1 TITLE 101.6 NAM 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHY - S1 - ZIP Change Addition DELETE 4.1 TITLE THE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1 7IP DELETE ☐ Change Addition 5.1 TITLE TIBLE N4Mf 5.2 NAME

5.3 STREET ADDRESS

5 4 CITY - ST - ZIP

64 CHY-ST-ZIP

61 TITLE

62 NAME **6.3 STREET ADDRESS** 

SIGNATURE:

STREET ASSORTSS

STREET ADORESS

CHY-ST ZIP

TIFLE

NAME

DELETE

14. I do hereby certify that the information supplied with this filing does not qualify for ne exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true line accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the conforation or the receiver or true employeed to execute this report as required by Chapter 697, Florida Statutes; and that my name appears in Brock 12 or Block 12 in changed, or on an attachment with an address.

Change

Addition

**FILED** 

Apr 28 1997 8:00am

Secretary of State