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Secretary of State

03-01-1999 90045 003 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000014546

1. Corporation Name

GUTTMAN & DEL VALLE, P.A.

Principal Place of Business

2333 PONCE DE LEON BLVD  
650  
CORAL GABLES FL 33134  
US

Mailing Address

2333 PONCE DE LEON BLVD  
650  
CORAL GABLES FL 33134  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1993

4. FEI Number

65-0376943

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 100 SE 2 Street

Suite, Apt. #, etc.

22 4000

City & State

23 Miami, Florida

Zip Country

24 33131

25

USA

2a. Mailing Address

26 100 SE 2 Street

Suite, Apt. #, etc.

27 4000

City & State

28 Miami, Florida

Zip Country

29 33131

30

USA

9. Name and Address of Current Registered Agent

GUTTMAN, RICHARD  
2333 PONCE DE LEON BLVD  
SUITE 650  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

100 SE 2 Street

83

Suite 4000

84

City

Miami

FL

85

Zip Code

33131

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

*R. Guttman*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/99

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME GUTTMAN, RICHARD  
STREET ADDRESS 2333 PONCE DE LEON BLVD  
CITY-ST-ZIP CORAL GABLES FL

TITLE VPSD ☐ DELETE

NAME DEL VALLE, IGNACIO G  
STREET ADDRESS 2333 PONCE DE LEON BLVD SUITE 650  
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

100 SE 2 Street, Suite 4000  
Miami, Florida 33131

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

100 SE 2 Street, Suite 4000  
Miami, Florida 33131

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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Change

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Addition

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Addition

14. I hereby certify that the information supplied with this filing does not qualify for the 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 and 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*R. Guttman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1/27/99

(305)530-0050

Date

Daytime Phone #

CR2E034 (11/98)