

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:07

DOCUMENT # **P93000005062 (3)**

1. Corporation Name

JOSE M. SOSA, ATTORNEY AT LAW, P.A.

Principal Place of Business

Mailing Address

SERVICO CENTRE SOUTH, SUITE 209
1601 BELVEDERE RD
W PALM BCH, FL 33406

SERVICO CENTRE SOUTH, SUITE 209
1601 BELVEDERE RD
W PALM BCH, FL 33406

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

01/14/1993

02/18/1994

4. FEI Number

65-0382738

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc

State, 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

SOSA, JOSE M
SERVICO CENTRE SOUTH, S-209
1601 BELVEDERE RD
W PALM BCH, FL 33406

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 of Registered Agent)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D
NAME: SOSA, JOSE M
STREET ADDRESS: 1601 BELVEDERE RD., S-209
CITY, ST, ZIP: W PALM BCH, FL 33406

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

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY - ST - ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY - ST - ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. CITY - ST - ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

17. TITLE Change Addition
18. NAME
19. STREET ADDRESS
20. CITY - ST - ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

21. TITLE Change Addition
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 140.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemented 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #