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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000005062 (3)

1. Corporation Name

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

Principal Place of Business

Mailing Address

~~SERVICO CENTRE SOUTH, SUITE 200~~
~~1001 BELVEDERE RD~~
~~W PALM BCH FL 33406~~

~~SERVICO CENTRE SOUTH, SUITE 200~~
~~1001 BELVEDERE RD~~
~~W PALM BCH FL 33406~~

2. Principal Place of Business

2a. Mailing Address

21 12 S. Dixie Hwy.

26 12 S. Dixie Hwy.

22 Suite, Apt. #, etc
204

27 Suite, Apt. #, etc
204

23 City & State
Lake Worth, FL.

28 City & State
Lake Worth, FL.

24 Zip
33460

29 Zip
33460

25 Country
P.B.

30 Country
P.B.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/14/1993

3a. Date of Last Report

01/23/1996

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

10. Name and Address of New Registered Agent

SOSA, JOSE M

~~SERVICO CENTRE SOUTH, SUITE 200~~
~~1001 BELVEDERE RD~~
~~W PALM BCH FL 33406~~

12 S. Dixie Hwy
Suite 204
Lake Worth, FL.
33460

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 and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SOSA, JOSE M
STREET ADDRESS ~~1001 BELVEDERE RD, SUITE 200~~
CITY-ST-ZIP ~~W PALM BCH FL 33406~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Sosa, Jose M.
1.3 STREET ADDRESS 12 S. Dixie Hwy, Suite 204
1.4 CITY-ST-ZIP Lake Worth, FL. 33460

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/96)