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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1998

Principal Place of Business

STREET ADDRESS

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 23 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

P93000007334 (4) **DOCUMENT #** 

CAYETANO ALFONSO, P.A.

3061 MARY STREET P.O. BOX 330396 COCONUT GROVE FL 33233 DO NOT WRITE IN THIS SPACE COCONUT GROVE FL 33133 3. Date Incorporated or Qualified 01/29/1993 2s, Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0382218 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CAYETANO, ALFONSO 3061 MARY ST. #8 Street Address (P.O. Box Number is Not Acceptable) **COCONUT GROVE FL 33133** 83 Zip Code 11. Pursuant to the provisioffice or registered ag agent. I am familiar w of Sections 607.0502 and 607.1508, Florida Statutes or both, in the Statelof Florida. Such change was aut and accept the obligations of, Section 607.0505, Fil die -named corporation submits this statement for the purpose of changing its registered the corporation's board of directors. I hereby accept the appointment as registered SIGNATURE ICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 1 DELETE TITLE Change 1.1 101 DIRECTOR ALFONSO, CAYETANO 1.2 NAME NAME 3061 MARY ST. #3 SUITE B STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITEF 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ■ Addition NAME 6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 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 supplier 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 of 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 for the an attachment with an address.