

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000019373 (8)

1. Corporation Name

PAOLA M. SOTELO, P.A.



Principal Place of Business

**407 LINCOLN RD
SUITE 12-S
MIAMI BEACH FL 33139**

Mailing Address

**10421 SW 145 CT.
SUITE 12-S
MIAMI FL 33186
US**

3. Date Incorporated or Qualified

03/10/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 10421 SW 145 CT

26 10421 SW 145 CT.

4. FEI Number

65-0411418

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

22

27

23

28

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOTELO, PAOLA M
10421 SW 145TH CT.
SUITE 12-S
MIAMI FL 33186**

81 Name

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

**10421 SW 145 Street
249**

83

84 City

Miami

FL

85 Zip Code

33186

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 the corporation)

(NOTE: Registered Agent Signature is required for all changes of office)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D SOTELO, PAOLA M**
STREET ADDRESS **10421 SW 145TH CT.**
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 119.07(3)(k), 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: **Bob M Sotelo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-380-7057

4/30/96

Date

City and Phone #

CR2E034 (12/95)