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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P93000028909 (8) **DOCUMENT #**

MIAMI FL 33135

MARIA R. CASO CASERTA, P.A.

Tritogram to the total and the total	140 111 9 7 10 21 0 3 3	
Principal Place of Business	Mailing Address	

MIAMI FL 33135



					 Date Incorporated or Qual 04/20/1993 		te of Last R 01/13/19	
2. Poncinal Pla	ice of Business	2a. Mailing Address			4. FEI Number			Applied For
1 .	Ponce de Leon Blvd.	26 4539 Ponce	de Leo	n Blvd	AF A4ABAAA			Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.			5. Certificate of Status Desire	ed 🗀	\$8.75	Additional Required
City & State		City & State			6. Election Campaign Finance	ing _	\$5.0	O May Be
Coral	Gables, FL 33146	28 Coral Gable	s. FL	33146	Trust Fund Contribution			d to Fees
²¹⁰ 3314(29 Zip 33146	Coun			Yes 🔀 No		199.032,
	9. Name and Address of Current	t Registered Agent			10. Name and Address of h		i Agent	
A 4 6 F B T	4 1404 0		1	Name MAI	RIA R. CASO CASERTA			
CASERTA, MARIA R			1	32 Street A	ddress (P.O. Box Number is Not Acc	eptable)		
	V FIRST ST		-	45	39 Ponce de Leon Bo	ulevard		
MIAMI F	L 33135		1	33				
			1	34 City		······································	B5 Zi	p Code
	a the provisions of Sections 607.0502			Co	ral Gables,	FI	L 3	33146
or registere familiar wit	ed agent, or both, in the State of Florid h, and accept the obligations of Section	la. Such change was authorize	ed by the co	orporation's t	poard of directors. I hereby accept the	e appointment a	is registered	lagent. I am
GNATURE .	Styriotize type for printed name of registered agent a	and title Lapplicable (NO)	TE Registered A	gent signature rec	juired when reinstating)	January DATE	22, 13	ספי
2.	OFFICERS AND		13.		ADDITIONS/CHANGES TO		ID DIRECTO	ORS IN 12
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	MIAMI FL 33135			EET ADDRESS (-ST-ZIP	4539 POnce de Leon	Bouleva	rd	
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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 cath; 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 allachment with an address. January 22, 1996 (305)666-9300 **SIGNATURE:**

NAME OF SIGNING OFFICER OR DIRECTOR