

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 # **P93000032553 (8)**

1. Corporation Name

CAZO+JARRO, JACOBS ARCHITECTS, P.A.



Principal Place of Business

**3461 SW 8TH ST
MIAMI FL 33135
US**

Mailing Address

**3461 SW 8TH ST
S-204
MIAMI FL 33135
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

**CAZO, ARMANDO
3461 SW 8TH ST
MIAMI FL 33135**

3. Date Incorporated or Qualified

05/03/1993

3a. Date of Last Report

03/07/1995

4. FEI Number

65-0417232

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. 190.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 (Required when changing)

Signature of Registered Agent (Required when registering)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

12a. NAME
12b. STREET ADDRESS
12c. CITY-STATE-ZIP
12d. TITLE
12e. NAME
12f. STREET ADDRESS
12g. CITY-STATE-ZIP
12h. TITLE
12i. NAME
12j. STREET ADDRESS
12k. CITY-STATE-ZIP
12l. TITLE
12m. NAME
12n. STREET ADDRESS
12o. CITY-STATE-ZIP
12p. TITLE
12q. NAME
12r. STREET ADDRESS
12s. CITY-STATE-ZIP
12t. TITLE

**P
CAZO, ESPERANZA
3501 SW 8TH ST., S-204
MIAMI FL 33135
V
JACOBS, ANGELA
3501 SW 8TH ST., S-204
MIAMI FL 33135
ST
CAZO, ARMANDO
3501 SW 8TH ST., S-204
MIAMI FL 33135**

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

13a. TITLE
13b. NAME
13c. STREET ADDRESS
13d. CITY-STATE-ZIP
13e. TITLE
13f. NAME
13g. STREET ADDRESS
13h. CITY-STATE-ZIP
13i. TITLE
13j. NAME
13k. STREET ADDRESS
13l. CITY-STATE-ZIP
13m. TITLE
13n. NAME
13o. STREET ADDRESS
13p. CITY-STATE-ZIP
13q. TITLE
13r. NAME
13s. STREET ADDRESS
13t. CITY-STATE-ZIP
13u. TITLE

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Esperanza Cazo **ESPERANZA CAZO, PRES. 1-31-96 (305)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)