

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000043594 (9)**

1. Corporation Name

**ROY A. GARCIA, CPA, P.A.**



Principal Place of Business

Mailing Address

1000 PONCE DE LEON BLVD  
SUITE 318  
CORAL GABLES FL 33134

1000 PONCE DE LEON BLVD  
SUITE 318  
CORAL GABLES FL 33134

2. Principal Place of Business

21 **100 ALMERIA AVENUE**

Suite, Apt. #, etc

22 **230**

City & State

23 **CORAL GABLES FLORIDA**

Zip

24 **33134**

Country

25

2a. Mailing Address

26 **100 ALMERIA AVENUE**

Suite, Apt. #, etc

27 **230**

City & State

28 **CORAL GABLES FLORIDA**

Zip

29 **33134**

Country

30

3. Date Incorporated or Qualified

**06/18/1993**

3a. Date of Last Report

**07/14/1995**

4. FEI Number

**65-0421204**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing

**\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

**GARCIA, ROY A  
1000 PONCE DE LEON BLVD  
SUITE 318  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

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

**100 ALMERIA AVENUE,  
SUITE 230**

83 City

**CORAL GABLES**

**FL**

85 Zip Code

**33134**

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 or registered agent in lieu of registered agent. Registered Agent signature is required if the registered agent is not the corporation's secretary.

**6-15-96**

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

**DRST  
GARCIA, ROY A  
1000 PONCE DE LEON BLVD SUITE 318  
CORAL GABLES FL 33134**

TITLE  DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS **100 ALMERIA AVENUE, SUITE 230**

1.4 CITY - ST - ZIP **CORAL GABLES, FL 33134**

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - 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

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-15-96**

DATE

**305 5290345**

STATE NUMBER

CR2E034 (12/95)