

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **P93000081563 (7)**

1. Corporation Name

**LIZETTE REBOREDO, P.A.**

05 MAY - 1 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**444 BRICKELL AVE  
SUITE 1000  
MIAMI FL 33131**

Mailing Address

**444 BRICKELL AVE  
SUITE 1000  
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/29/1993**

3a. Date of Last Report  
**04/26/1994**

4. FEI Number  
**65-0452893**

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 DCF  
Florida Statutes  Yes  No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

24

Country

29

Country

9. Name and Address of Current Registered Agent

**LIZETTE REBOREDO PA  
444 BRICKELL AVE  
SUITE 1000  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name **LIZETTE REBOREDO**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**444 BRICKELL AVENUE**  
83 **SUITE 1000**  
84 City **MIAMI** FL 85 Zip Code **33131**

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 607.0605, Florida Statutes.

SIGNATURE

Signature of Agent (print name and title) (see Section 607.0605, Florida Statutes)

Signature of New Agent (print name and title) (see Section 607.0605, Florida Statutes)

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<b>DP REBOREDO, LIZETTE PA</b>
2. STREET ADDRESS	<b>444 BRICKELL AVE SUITE 1000</b>
3. CITY, STATE, ZIP	<b>MIAMI FL 33131</b>
4. NAME	
5. STREET ADDRESS	
6. CITY, STATE, ZIP	
7. NAME	
8. STREET ADDRESS	
9. CITY, STATE, ZIP	
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	

1. NAME	<b>DP LIZETTE REBOREDO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	<b>444 BRICKELL AVENUE SUITE 1000</b>	
3. CITY, STATE, ZIP	<b>MIAMI, FL 33131</b>	
4. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS		
6. CITY, STATE, ZIP		
7. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		
9. CITY, STATE, ZIP		
10. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		
12. CITY, STATE, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am qualified for the description stated in law for 1994 (2000) Florida Statutes. I further certify that the information is filed on the annual report or supplemental annual report as required in law and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or business responsible for executing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of changed or new officer listed with an address.

SIGNATURE:

*Lizette Reboredo*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

4/26/95

371-5588