

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000082369 (8)

1. Corporation Name:

HUGO SOTOLONGO & ASSOCIATES, INC.

Principal Place of Business

3992 ATLANTA STREET
HOLLYWOOD FL 33021

Mailing Address

3992 ATLANTA STREET
HOLLYWOOD FL 33021



3. Date Incorporated or Qualified
12/02/1993

3a. Date of Last Report
04/10/1995

4. FEI Number

65-0567495

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

2. Principal Place of Business

2a. Mailing Address

21. 169 Lincoln Rd.,
Suite, Apt. #, etc.

23. 169 Lincoln Rd.
Suite, Apt. #, etc.

22. Suite 315
City & State

27. Suite 315
City & State

23. Miami Beach, FL
Zip Country

28. Miami Beach, FL
Zip Country

24. 33139 25. USA

29. 33139 30. USA

9. Name and Address of Current Registered Agent

SOTOLONGO, HUGO
3992 ATLANTA STREET
HOLLYWOOD FL 33021

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE:

Hugo Sotolongo - Hugo Sotolongo

3/7/96

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SOTOLONGO, ANGELA Z	
STREET ADDRESS	850 SW 13TH COURT	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SOTOLONGO, ANGELA Z	
STREET ADDRESS	850 SW 13TH COURT	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hugo Sotolongo	
1.3 STREET ADDRESS	169 Lincoln Rd., Ste 315	
1.4 CITY-ST-ZIP	Miami Beach, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Hugo Sotolongo - Hugo Sotolongo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/96

(305) 672-9009

Date

Daytime Phone

CR2E034 (12/95)