

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000087789 (2)

1. Corporation Name

FRANK L. LABRADOR, P.A.



Principal Place of Business
300 ARAGON AVE
SUITE 210
CORAL GABLES FL 33134

Mailing Address
300 ARAGON AVE
SUITE 210
CORAL GABLES FL 33134

3. Date Incorporated or Qualified
12/27/1993

3a. Date of Last Report
04/26/1995

4. FEI Number
65-0444842

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
21 Suite, Apt. #, etc.
22 250
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 250
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

LABRADOR, FRANK L
300 ARAGON AVE
SUITE 210
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 Suite 250
84 City
85 FL Zip Code

11. Pursuant to the provisions of Sections 607.0302 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, typed or printed name of registered agent and title if applicable

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

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LABRADOR, FRANK L
300 ARAGON AVE SUITE 210
CORAL GABLES FL 33134

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 LF
1.2 ME
1.3 STREET ADDRESS
1.4 Y-ST-ZIP

2.1 LF
2.2 ME
2.3 STREET ADDRESS
2.4 Y-ST-ZIP

3.1 LF
3.2 ME
3.3 STREET ADDRESS
3.4 Y-ST-ZIP

4.1 LF
4.2 ME
4.3 STREET ADDRESS
4.4 Y-ST-ZIP

5.1 LF
5.2 ME
5.3 STREET ADDRESS
5.4 Y-ST-ZIP

6.1 LF
6.2 ME
6.3 STREET ADDRESS
6.4 Y-ST-ZIP

☒ Change ☐ Addition

SUITE 250

☐ 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 employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 443-4857

CR2E034 (12/95)