

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000050514 (6)

1. Corporation Name  
NIN AND SANCHEZ-MEDINA, P.A.



Principal Place of Business  
LEJEUNE EXECUTIVE BUILDING  
351 NW LEJEUNE ROAD  
CORAL GABLES FL 33134

Mailing Address  
BOX 142082  
CORAL GABLES FL 33114-2082

3. Date Incorporated or Qualified  
07/07/1994

3a. Date of Last Report  
04/02/1996

2. Principal Place of Business  
21  
22  
23  
24

2a. Mailing Address  
26  
27  
28  
29  
30

4. FEI Number  
65-0501987

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANCHEZ-MEDINA, ROLANDO  
351 NW LE JEUNE  
SUITE 205  
CORAL GABLES FL 33134

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 607.1509, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D CORCES, ARTURO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	351 N.W. LEJEUNE ROAD, BOX 142082	1.2 NAME	
STREET ADDRESS	CORAL GABLES FL 33134	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D NIN, FREDERIC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	351 N.W. LEJEUNE ROAD, BOX 142082	2.2 NAME	
STREET ADDRESS	CORAL GABLES FL 33134	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D SANCHEZ-MEDINA, ROLANDO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	351 N.W. LEJEUNE ROAD, BOX 142082	3.2 NAME	
STREET ADDRESS	CORAL GABLES FL 33134	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D STANZIOLA, FELIX	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	351 N.W. LEJEUNE ROAD, BOX 142082	4.2 NAME	
STREET ADDRESS	CORAL GABLES FL 33134	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Frederick C. Nin* 1/17/97 (305) 649-2133  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR