FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED

96 AUG 30 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000051773 (7)**

1. Corporation Name

THE LAWYER'S GROUP, P.A.

Principal Place of Business	Mailing Address
10129 SUNSET DRIVE MIAMI FL 33173 US	10129 SUNSET DRIVE MIAMI FL 33173 US

3. Date Incorporated or Qualified: **07/13/1994**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0505126** ☐ 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 9260 SUNSET Dr.	26 9260 SUNSET DR
Suite, Apt. #, etc. 22 Suite #107	Suite, Apt. #, etc. 27 Suite #107
City & State 23 Miami Fl	City & State 28 Miami Fl.
Zip 24 33173 Country 25 DADE	Zip 29 33173 Country 30 DADE

9. Name and Address of Current Registered Agent

CABELLO, MARIO
~~10129 SUNSET DRIVE~~
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name: Mario Cabello

82 Street Address (P.O. Box Number is Not Acceptable): 9260 SUNSET Dr # 107

83

84 City: Miami FL 85 Zip Code: 33173

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD ☐ DELETE	1.1 TITLE	PSTD ☒ Change ☐ Addition
NAME	CABELLO, MARIO	1.2 NAME	CABELLO MARIO
STREET ADDRESS	1385 CORAL WAY SUITE 405	1.3 STREET ADDRESS	9260 SUNSET DR #107
CITY-ST-ZIP	MIAMI FL 33145	1.4 CITY-ST-ZIP	MIAMI, FL 33173
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	800001942368
STREET ADDRESS		2.3 STREET ADDRESS	-09/09/96--01020--013
CITY-ST-ZIP		2.4 CITY-ST-ZIP	****225.00 ****225.00
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	JB 9-6-96
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 is voluntarily furnished and 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: Mario Cabello 8-5-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARIO CABELLO

CR2E034 (12/95)