

***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

DOCUMENT # **P94000054567 (0)**

1. Corporation Name

MERCEDES BUSTO, P.A.



Principal Place of Business

**999 PONCE DE LEON BLVD.
10TH FLOOR, SUITE 1000
CORAL GABLES FL 33134**

Mailing Address

**999 PONCE DE LEON BLVD.
10TH FLOOR, SUITE 1000
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified
07/21/1994

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

2. Principal Place of Business

21 **999 Ponce de Leon Blvd.**

2a. Mailing Address

27 **999 Ponce de Leon Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Penthouse, Suite 1150**

27 **Penthouse, Suite 1150**

City & State

City & State

23 **Coral Gables, Florida**

28 **Coral Gables, Florida**

Zip

Country

Zip

Country

24 **33134**

25

29 **33134**

30

4. FEI Number

65-0516730

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**BUSTO, MERCEDES
999 PONCE DE LEON BLVD.
10TH FLOOR, SUITE 1000
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

same

82 Street Address (P.O. Box Number is Not Acceptable)

999 Ponce de Leon Blvd.

83

Penthouse, Suite 1150

84 City

Coral Gables

FL

85 Zip Code

33134

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

Signature, typed or printed name of registered agent, as applicable (NOTE: Registered Agent signature required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSJD
BUSTO, MERCEDES
1270 MARIOLA COURT
CORAL GABLES FL 33134**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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CITY-ST-ZIP
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

Mercedes Busto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 (305) 443-2844
Date Daytime Phone #

CR2E034 (12/95)