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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000068685

1. Corporation Name
CESAR M. CANO, AIA, P.A.



Principal Place of Business

5301 SW 125 AVE
MIRAMAR FL 33027
US

Mailing Address

5301 SW 125 AVE
MIRAMAR FL 33027
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1994

4. FEI Number

65-0520427

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **5301 SW 125 Ave.**

2a. Mailing Address

26 **4906 Campo Sano Ct.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **MIRAMAR, FL**

City & State

28 **Coral Gables, FL**

Zip Country

24 **33027** 25 **BROWARD**

Zip Country

29 **33146** 30

9. Name and Address of Current Registered Agent

CANO, CESAR M
6262 BIRD ROAD, SUITE 3D
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

Cesar Cano

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

5301 SW 125 Ave

83

84 City

MIRAMAR

FL

85 Zip Code

33027

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/18/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **CANO, CESAR M**
STREET ADDRESS **6262 BIRD ROAD, SUITE 3D**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **S** ☐ DELETE

NAME **CANO, MARI L**
STREET ADDRESS **6262 BIRD RD. SUITE 3 D**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

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

☒ Change ☐ Addition

D **Cano, Cesar M.**

4906 Campo Sano Ct.

Coral Gables, FL 33146

☒ Change ☐ Addition

S **Cano, mari L.**

4906 Campo Sano Ct.

Coral Gables, FL 33146

☐ Change ☐ Addition

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14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CESAR M. CANO

Date

Daytime Phone #

2/18/99

305-729-4499

CR2E034 (11/98)