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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE  
Sandra B. Workman  
Secretary of State  
UNIVERSITY OF COMMERCE BUILDING



**DOCUMENT # P94000091271 (4)**

1. Corporation Name  
**JOSE E. PARAPAR, C.P.A., P.A.**

Principal Office of Business: **311 GRANELLO AVE CORAL GABLES FL 33146**  
Mailing Address: **311 GRANELLO AVE CORAL GABLES FL 33146**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/19/1994**      3a. Date of Last Report

4. FEI Number: **65-0541853**      Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing (Fund Raising Contributions):  **\$5.00 May Be Added to Fees**

9. This corporation has liability for intangible tax under Chapter 219, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**      2a. Mailing Address: **26**

State: Apt. # etc.: **22**      State: Apt. # etc.: **27**

City & State: **23**      City & State: **28**

Zip: **24**      City: **25**      Zip: **29**      City: **30**

9. Name and Address of Current Registered Agent  
**PARAPAR, JOSE E  
311 GRANELLO AVE  
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

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 607.0402 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 607.0405, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE: <b>PSTD</b>	1. TITLE: _____	1. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>PARAPAR, JOSE E</b>	2. NAME: _____	2. NAME: _____	
STREET ADDRESS: <b>311 GRANELLO AVE</b>	3. STREET ADDRESS: _____	3. STREET ADDRESS: _____	
CITY, ST, ZIP: <b>CORAL GABLES FL 33146</b>	4. CITY, ST, ZIP: _____	4. CITY, ST, ZIP: _____	
TITLE: _____	5. TITLE: _____	5. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	6. NAME: _____	6. NAME: _____	
STREET ADDRESS: _____	7. STREET ADDRESS: _____	7. STREET ADDRESS: _____	
CITY, ST, ZIP: _____	8. CITY, ST, ZIP: _____	8. CITY, ST, ZIP: _____	
TITLE: _____	9. TITLE: _____	9. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	10. NAME: _____	10. NAME: _____	
STREET ADDRESS: _____	11. STREET ADDRESS: _____	11. STREET ADDRESS: _____	
CITY, ST, ZIP: _____	12. CITY, ST, ZIP: _____	12. CITY, ST, ZIP: _____	
TITLE: _____	13. TITLE: _____	13. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	14. NAME: _____	14. NAME: _____	
STREET ADDRESS: _____	15. STREET ADDRESS: _____	15. STREET ADDRESS: _____	
CITY, ST, ZIP: _____	16. CITY, ST, ZIP: _____	16. CITY, ST, ZIP: _____	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), Florida Statutes. I further certify that the information reported 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. 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 on Block 12 or Block 13 if elected, or on an attachment with an address.

SIGNATURE: *J. Parapar*      4/28/95      (308) 498-7120

SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR