

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 # *P9500000 4919*

1. Corporation Name

VALDES, VILLAVERDE & GODFREY, P.A.

Principal Place of Business

Mailing Address

Suite 340
100 Almeria Avenue
Coral Gables, FL 33134

Same

3. Date Incorporated or Qualified

1-13-95

3a. Date of Last Report

4. FEI Number

65-0547461

Applied For

Not Applicable

2. Principal Place of Business

21 100 Almeria Avenue

Suite, Apt. #, etc.

22 Suite 340

City & State

23 Coral Gables, Florida

Zip

33134

Country

USA

2a. Mailing Address

26 same

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

USA

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

10. Name and Address of New Registered Agent

Christopher P. Kelley
11098 Biscayne Boulevard
Suite 205
Miami, Florida 33161

81 Name

Toni L. Villaverde

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

100 Almeria Avenue
Suite 340

83

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

Toni L. Villaverde

(NOTE: Registered Agent signature required when reinstating)

4/23/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME President

STREET ADDRESS 100 Almeria Avenue, Suite 340

CITY-ST-ZIP Coral Gables, Florida 33134

TITLE ☐ DELETE

NAME Vice President, Treas. Secy

STREET ADDRESS 100 Almeria Avenue, Suite 340

CITY-ST-ZIP Coral Gables, Florida 33134

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

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

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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:

Toni L. Villaverde
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 (305) 445-6760
Date Daytime Phone #

CR2E034 (12/95)