

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000005768 (3)**

1. Corporation Name
MARTHA CASTILLO, CPA, P.A. (name changed 1/96)
CASTILLO + COMPANY, CPA, PA



Principal Place of Business
**3301 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES FL 33134**

Mailing Address
**3301 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified
01/19/1995

3a. Date of Last Report

4. FEI Number
65-0555551

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

21 **2222 Ponce de Leon Blvd.**

22 **502**

23 **CORAL GABLES**

24 **33134**

25 **U.S.**

2a. Mailing Address

26 **2222 Ponce de Leon Blvd.**

27 **502**

28 **CORAL GABLES**

29 **33134**

30 **U.S.**

9. Name and Address of Current Registered Agent

**CASTILLO, MARTHA CPA
625 UNIVERSITY DRIVE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1 NAME: **D CASTILLO, MARTHA CPA** DELETE

12.2 STREET ADDRESS: **625 UNIVERSITY DRIVE**

12.3 CITY, ST, ZIP: **CORAL GABLES FL 33134**

12.4 TITLE: DELETE

12.5 NAME: DELETE

12.6 STREET ADDRESS: DELETE

12.7 CITY, ST, ZIP: DELETE

12.8 TITLE: DELETE

12.9 NAME: DELETE

12.10 STREET ADDRESS: DELETE

12.11 CITY, ST, ZIP: DELETE

12.12 TITLE: DELETE

12.13 NAME: DELETE

12.14 STREET ADDRESS: DELETE

12.15 CITY, ST, ZIP: DELETE

12.16 TITLE: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE: Change Addition

13.2 NAME:

13.3 STREET ADDRESS:

13.4 CITY, ST, ZIP:

13.5 TITLE: Change Addition

13.6 NAME:

13.7 STREET ADDRESS:

13.8 CITY, ST, ZIP:

13.9 TITLE: Change Addition

13.10 NAME:

13.11 STREET ADDRESS:

13.12 CITY, ST, ZIP:

13.13 TITLE: Change Addition

13.14 NAME:

13.15 STREET ADDRESS:

13.16 CITY, ST, ZIP:

13.17 TITLE: Change Addition

13.18 NAME:

13.19 STREET ADDRESS:

13.20 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, the receiver or trustee or 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: **MARTHA CASTILLO** 2/15/96 (305) 446-4670

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)