

**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**

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.**

3. Date Incorporated or Qualified  
**01/19/1995**

3a. Date of Last Report

4. FEE Number  
**65-0555551**

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

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

1. NAME: **D CASTILLO, MARTHA CPA**  DELETE

2. STREET ADDRESS: **625 UNIVERSITY DRIVE**

3. CITY, ST, ZIP: **CORAL GABLES FL 33134**

4. TITLE:  DELETE

5. NAME:  DELETE

6. STREET ADDRESS:  DELETE

7. CITY, ST, ZIP:  DELETE

8. TITLE:  DELETE

9. NAME:  DELETE

10. STREET ADDRESS:  DELETE

11. CITY, ST, ZIP:  DELETE

12. TITLE:  DELETE

13. NAME:  DELETE

14. STREET ADDRESS:  DELETE

15. CITY, ST, ZIP:  DELETE

16. TITLE:  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE:  Change  Addition

2. NAME:  Change  Addition

3. STREET ADDRESS:  Change  Addition

4. CITY, ST, ZIP:  Change  Addition

5. TITLE:  Change  Addition

6. NAME:  Change  Addition

7. STREET ADDRESS:  Change  Addition

8. CITY, ST, ZIP:  Change  Addition

9. TITLE:  Change  Addition

10. NAME:  Change  Addition

11. STREET ADDRESS:  Change  Addition

12. CITY, ST, ZIP:  Change  Addition

13. TITLE:  Change  Addition

14. NAME:  Change  Addition

15. STREET ADDRESS:  Change  Addition

16. CITY, ST, ZIP:  Change  Addition

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)