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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000012653 (8)

1. Corporation Name

LAW OFFICES WILLIAMS & ASSOCIATES, P.A.

Principal Place of Business

2937 SW 27 AVE
SUITE 301
COCONUT GROVE FL 33133

Mailing Address

2937 SW 27 AVE
SUITE 301
COCONUT GROVE FL 33133-3772

3. Date Incorporated or Qualified
02/13/1995

3a. Date of Last Report
04/16/1996

2. Principal Place of Business

21 80 S.W. Eighth Street

Suite, Apt. #, etc.

22 Suite 1830

City & State

23 Miami, FL

24 33130

25 USA

2a. Mailing Address

26 80 S.W. Eighth Street

Suite, Apt. #, etc.

27 Suite 1830

City & State

28 Miami, FL

29 33130

30 USA

4. FEI Number

65-0555955

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

9. Name and Address of Current Registered Agent

WILLIAMS, THOMASINA H
2937 SW 27 AVE
SUITE 301
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name

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

80 S.W. Eighth Street

83 Suite 1830

84 City

Miami

FL

85 Zip Code
33130

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME WILLIAMS, THOMASINA H
STREET ADDRESS 2937 SW 27 AVE SUITE 301
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE
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 80 S.W. Eighth Street, Suite 1830
1.4 CITY-ST-ZIP Miami, FL 33130

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

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomasina H. Williams, President 1/11/97

305/379-6676

Date

Daytime Phone #

0178007

CR2E034 (9/96)