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PROFIT CORPORATION ANNUAL REPORT

1997

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14. I do hereby certify that the information supplied with this filing does not qualify information indicated on this annual region or supplemental innual report is true. I am an officer or director of the copy fation of the legicity or tyslee on power.



FLORIDA DEPARTMENT OF STATE

FILED

Feb 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000016181 (6)

MARCIA B. CABALLERO, P.A.

Principal Place of Business Mailing Address 2450 S.W. 137TH AVENUE 2450 S.W. 137TH AVENUE **SUITE 221** SUITE 221 MIAMI FL 33175 MIAMI FL 33175-6332 3. Date Incorporated or Qualified 3a. Date of Last Report 02/27/1995 04/01/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0609126 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution Added to Fees 23 28 Zφ Ζip Country Country This corporation has liability for intangible tax under s. 199.032, ☐ No Florida Statutes Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CABALLERO, MARCIA B 2450 S.W. 137TH AVE. Street Address (P.O. Box Number is Not Acceptable) SUITE 221 **MIAMI FL 33175** 83 84 City Zip Code 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NC)TE: Registered Agent signature required when reinstaling) Signature. Upon the printed name of registered agent and the ℓ' applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. (96/6) 12. **PSVT** ☐ DELETE Change Addition TITLE 1.1 TITLE CABALLERO, MARCIA B 12 NAME NAM 2450 S.W. 137TH AVE. SUITE 221 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33175 1.4 CITY - ST - ZIF CITY-ST-702 Change Addition DELETE 2.1 TITLE THE CABALLERO, MARCIA B 2.2 NAME NALI 2450 S.W. 137TH AVE. SUITE 221 2.3 STREET ADDRESS STREET ADORESS MIAMI FL 33175 2.4 CITY - \$1 - ZIP Q11Y-\$1-20P DELETE Change ___ Addition 31 TITLE THE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP OTY-SI-7IP DELETE Addition 41 TITLE THLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - ST-ZIP CITY - ST - ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAMI 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CHY-\$1-209 Change Addition DELETE 6.1 TITLE JULE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS

6.4 CITY-ST-ZIP

qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the As true and accurate and that my signature shall have the same legal effect as if made under oath; that ipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name