FILED

Feb 20, 1999 8:00 am Secretary of State

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PROFIT-- ----CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000018344

1. Corporation Name

LUIS O. REVUELTA, P.A.

1999

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Principal Place of Business Mailing Address						- 1					
4260 SW 73 AV	/E	_	4260 SW 73 AVENUE								
MIAMI FL 33155			MIAMI FL 33155-4547				DO NOT WRITE IN THIS SPACE				
US		US	US				3. Date Incorporated or Qualified				
						3.					
							03/07/1995			A	
2. Principal P	lace of Business	2a. Mailing	Address			4.	FEI Number		\vdash	Applied For	
21		26	····				65-0562927			Not Applicable	
Suite, Apt.	#, etc.	Suite, A	Apt. #, etc.			5.	Certifcate of Status Desired	. 🗆		5 Additional	
22		27							Fee	Required	
City & Stat	9	City &	State			€.	Election Campaign Financing	П	~\$5.0	O-May Be	
23		28					Trust Fund Contribution		Adde	d to Fees	
Zip	Country	Zip		Country		8.	This corporation owes the cui	rent year Inta	ngible		
24	25 29 30				Personal Property Tax. Yes No					No	
	9. Name and Address of Curr	ent Registered A	gent			10.	Name and Address of New	Registered A	gent		
				81	Name						
MIR, HECTOR J			8			2 Object Address (D.O. Berry Number in Net Associability)					
2655	S LE JEUNE RD					iddress (P	dress (P.O. Box Number is Not Acceptable)				
SUIT	E 1107										
COF	IAL GABLES FL 33134			83	İ						
				84	City			FL	85 Zi	p Code	
					L					ito romintorod	
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such	change was author	rized by	the corpor	ration's bo	pard of directors. I hereby acce	ept the appoin	tment as	registered	
•	William Wall, and accept the obli	gadono oi, essuer									
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable	(NOTE: Reg	stered Ager	nt signature re	quired when re	einstating)	DATE	_	—— (
12.		AND DIRECTORS		13.	· 	-	ADDITIONS/CHANGES TO O	FFICERS ANI	D DIREC	TORS IN 12	
TITLE	D		DELETE	1.1 TITLE					Chang	je 🗌 Addition	
NAME	REVUELTA, LUIS O			1.2 NAME							
	1461 MERCADO AVE			1.3 STREE	T ADDDESS						
STREET ADDRESS	CORAL GABLES FL 33146		l l								
CITY-ST-ZIP	COTTAL CADLLOTE 33140		☐ DELETE	1.4 CITY-S 2.1 TITLE	1-ZIP				Chang	e Addition	
TITLE			_ Deceic		1				و، ۱۳۰۰ و		
NAME				2.2 NAME	ĺ					J	
STREET ADDRESS				2.3 STREE	TADDRESS					}	
CITY-ST-ZIP				2.4 CITY-5	T-ZIP		<u>ر آخائما بحد بمعادد .</u>				
TITLE			☐ DELETE	3.1 TITLE					Chang	je 🗌 Addition	
NAME				3.2 NAME							
STREET ADDRESS				3.3 STREE	TADDRESS					ļ	
CITY-ST-ZIP			1	3.4. CITY-5	ST-ZIP						
TITLE			☐ OELETE	4.1 TITLE					Chang	je 🔲 Addition	
NAME				4, 2 NAME						İ	
STREET ADDRESS					TADDRESS					ļ	
1										}	
CITY-ST-ZIP			☐ DELETE	4.4 CITY-S 5.1 TITLE	1-4IF				[] Chang	e	
TITLE	16			5.2 NAME	ļ		•				
NAME					TADROCCC		•	•		í	
STREET ADDRESS					TADDRESS					ſ	
CITY-ST-ZIP				5.4 CITY-S	1-ZIP						
TITLE			☐ DELETE	6.1 TITLE	1				Chang	pe	
NAME			l	6.2 NAME	Į						
CTDEET ADDDESS				6.3 STREE	TADDRESS						

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

14. I 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 charged, or on an attachment with an address, with all other like empowered.