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Jan 16 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 # P95000026106 (1)

1. Corporation Name
PETER R. LOPEZ, P.A.

Principal Place of Business
28 WEST FLAGLER STREET
SUITE 202
MIAMI FL 33130

Mailing Address
28 WEST FLAGLER STREET
SUITE 202
MIAMI FL 33130-1881



2. Principal Place of Business

21 4615 Alton Rd.
Suite, Apt. #, etc.

22

23 Miami Beach FL
City & State

24 33140
Zip

25 Dade
Country

2a. Mailing Address

26 4615 Alton Rd.
Suite, Apt. #, etc.

27

28 Miami Beach, FL
City & State

29 33140
Zip

30 Dade
Country

3. Date Incorporated or Qualified
04/03/1995

3a. Date of Last Report
04/02/1996

4. FEI Number
65-0572115

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

LOPEZ, PETER R
28 WEST FLAGLER STREET
SUITE 202
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name Peter R. Lopez
82 Street Address (P.O. Box Number is Not Acceptable)
4615 Alton Rd.

83

84 City Miami Beach, FL 85 Zip Code 33140

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

Peter R. Lopez, Pres.
Signature of Registered Agent (NOTE: Registered Agent signature required when reinstating)

1/11/97
Date

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME LOPEZ, PETER R
STREET ADDRESS 28 WEST FLAGLER STREET SUITE 202
CITY-ST-ZIP MIAMI FL 33130

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

Peter R. Lopez, Pres.
Signature and Typed or Printed Name of Signing Officer or Director

1/11/97
Date

Daytime Phone #

CR2E034 (9/96)