

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 # **P95000031748 (3)**

1. Corporation Name

ALLAN A. JOSEPH, P.A.

Principal Place of Business

**1600 S.E. 17TH ST.
SUITE 300
FT. LAUDERDALE FL 33316**

Mailing Address

**1600 S.E. 17TH ST.
SUITE 300
FT. LAUDERDALE FL 33316**



2. Principal Place of Business

2a. Mailing Address

21 **6595 NW 36 St**
Suite, Apt. #, etc.

26 **11723 SW 129 Pl**
Suite, Apt. #, etc.

22 **300-A**

27
City & State

23 **Miami, FL**

28 **Miami, FL**

24 **33166** 25 Country

29 **33186** 30 Country

9. Name and Address of Current Registered Agent

**JOSEPH, ALLAN A ESQ.
1600 S.E. 17TH ST.
SUITE 300
FT. LAUDERDALE FL 33316**

3. Date Incorporated or Qualified

04/24/1995

3a. Date of Last Report

4. FEI Number

65-0650367

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the filer (applicant)

(If filer is Registered Agent, signatory to, and filer of, this filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **JOSEPH, ALLAN A ESQ.**
STREET ADDRESS **1600 S.E. 17TH ST., #300**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE **PS** ☐ DELETE
NAME **Abelardo F. Betancourt**
STREET ADDRESS **11723 S.W. 129 Place**
CITY-ST-ZIP **Miami, FL 33186**

TITLE **T** ☐ DELETE
NAME **John Felix**
STREET ADDRESS **11460 SW 5 St**
CITY-ST-ZIP **Miami, FL 33174**

TITLE **D** ☐ DELETE
NAME **Mara Pardo**
STREET ADDRESS **755 NW 135 Ct.**
CITY-ST-ZIP **Miami, FL 33182**

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ 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 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:

Abelardo F. Betancourt

3-25-96

305-871-4599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING

CR2E034 (12/95)