

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000044757 (9)**

1. Corporation Name

**GUILLERMO ANDRADE, CPA, P.A.**



Principal Place of Business

**520 BILTMORE WAY  
CORAL GABLES FL 33134**

Mailing Address

**520 BILTMORE WAY  
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified  
**06/09/1995**

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

**65-0593080**

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

**ANDRADE, GUILLERMO  
520 BILTMORE WAY  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name **GUILLERMO ANDRADE**  
82 Street Address (P.O. Box Number is Not Acceptable) **10101 SW 58 STREET**  
83  
84 City **MIAMI** FL 85 Zip Code **33173**

11. Pursuant to the provisions of Sections 607.021 and 607.023, 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 607.025, Florida Statutes.

SIGNATURE

Signature, typed or printed name of signing officer or director, as applicable

Date of signature required when not filing

DATE

*Guillermo Andrade*

**4-29-96**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PSD	<b>ANDRADE, GUILLERMO</b>	<b>520 BILTMORE WAY</b>	<b>CORAL GABLES FL 33134</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>10101 SW 58 STREET</b>	<b>MIAMI FL 33173</b>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: *Guillermo Andrade* **GUILLERMO ANDRADE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-96 (305) 444-8800**  
Date: Day: Time: Phone #

CR2E034 (12/95)