

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

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**Feb 01, 1999 8:00am**  
**Secretary of State**


05/27/24

02-01-1999 90041 007 \*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P95000063217**  
 1. Corporation Name  
**HILLENBAMP & ALVAREZ, P.A.**

Principal Place of Business: GIFFORD HOUSE, 2937 SOUTHWEST 27 AVENUE SUITE 100A MIAMI FL 33133  
 Mailing Address: GIFFORD HOUSE, 2937 SOUTHWEST 27 AVENUE SUITE 100A MIAMI FL 33133

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24 25	29 30

3. Date Incorporated or Qualified: **08/16/1995**

4. FEI Number: **65-0601824** 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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**HILLENBAMP, IBIS J ESQ**  
**2937 S.W. 27 AVENUE**  
**SUITE 100A**  
**MIAMI FL 33133**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>D HILLENBAMP, IBIS J</b>
STREET ADDRESS	<b>GIFFORD HOUSE, 2937 SOUTHWEST 27 AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL 33133</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D ALVAREZ, ALEJANDRO</b>
STREET ADDRESS	<b>GIFFORD HOUSE, 2937 SOUTHWEST 27 AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL 33133</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>HILLENBAMP, IBIS J ESQ</b>
STREET ADDRESS	<b>GIFFORD HOUSE, 2937 SOUTHWEST 27 AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL 33133</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>HILLENBAMP, IBIS J ESQ</b>
STREET ADDRESS	<b>GIFFORD HOUSE, 2937 SOUTHWEST 27 AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL 33133</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>HILLENBAMP, IBIS J ESQ</b>
STREET ADDRESS	<b>GIFFORD HOUSE, 2937 SOUTHWEST 27 AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL 33133</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ibis Hillenbamp* HILLENBAMP 1-14-99 305-444-7675  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034(1/1/98)