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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000077062 (4)

1. Corporation Name

~~ABAD, ESTRELLA AND BAEZ, P.A.~~

Abad & Estrella PA

Principal Place of Business

407 LINCOLN ROAD, SUITE 11-L
MIAMI BEACH FL 33139

Mailing Address

407 LINCOLN ROAD, SUITE 11-L
MIAMI BEACH FL 33139-3016

2. Principal Place of Business

21 1801 Coral Way

Suite, Apt. #, etc.

22 204

City & State

23 MIAMI, FL

Zip

24 33145

Country

25 DADE

2a. Mailing Address

26 1801 Coral Way

Suite, Apt. #, etc.

27 204

City & State

28 MIAMI, FL

Zip

29 33145

Country

30 DADE

3. Date Incorporated or Qualified

10/09/1995

3a. Date of Last Report

07/11/1996

4. FEI Number

65-0625206

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

ABAD, MAYLENE
7585 SW 28 STREET
MIAMI FL 33155

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DA ☐ DELETE

NAME ABAD, MAYLENE ESO
STREET ADDRESS 421 COLLINS AVENUE #5
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE DA ☐ DELETE

NAME ESTRELLA, DAVID ESO
STREET ADDRESS 371 BAHIA AVENUE
CITY-ST-ZIP KEY LARGO FL 33037

TITLE DA ☒ DELETE

NAME BAEZ, RITA M
STREET ADDRESS 3881 FLAMINGO DRIVE
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ DELETE

NAME
STREET ADDRESS
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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

800002162228

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***165.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97 8606081

CR2E034 (9/96)