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Apr 29, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P95000080478

1. Corporation Name

ALEIDA JACOBO-MORALES, P.A.

Principal Place of Business

2244 N.W. 7TH STREET
MIAMI FL 33125

Mailing Address

2244 N.W. 7TH STREET
MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1995

4. FEI Number

65-0618528

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

2. Principal Place of Business

21 6910 Main Street

Suite, Apt. #, etc.

22 Suite 157

City & State

23 Miami Lakes, FL 33014

Zip

24 33014

Country

25 U.S.A.

2a. Mailing Address

26 6910 Main Street

Suite, Apt. #, etc.

27 Suite 157

City & State

28 Miami Lakes, FL 33014

Zip

29 33014

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

JACOBO-MORALES, ALEIDA
2244 N.W. 7TH STREET
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name

Jacobo, Aleida I.

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

6910 Main St. # 157

83

Miami Lakes, FL 33014

84 City

FL

85 Zip Code

33014

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 agent 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

Aleida Jacobo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME JACOBO-MORALES, ALEIDA
STREET ADDRESS 2244 N.W. 7TH STREET
CITY-ST-ZIP MIAMI FL 33125 ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 D ☒ Change ☐ Addition
1.2 NAME Jacobo, Aleida I.
1.3 STREET ADDRESS 6910 Main St # 157
1.4 CITY-ST-ZIP Miami, Lakes, FL 33014

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

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:

Aleida Jacobo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

DATE

(305) 822-4991

Daytime Phone #

CR2E034 (11/98)