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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9600002550

Corporation Name

THE LAW OFFICES OF JOSE A. SAAVEDRA P.A.

Mailing Address Principal Place of Business 1428 BRICKELL AVE., 8TH FLOOR 1428 BRICKELL AVE., BTH FLOOR DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33131

**FILED** Feb 03, 1999 8:00am **Secretary of State** 

02-03-1999 90031 042 \*\*\*150.00

				3. Date Incorporated or Qualifed		' 1
				01/09/1996	Applied	For
		La Maille a Addross		4. FEI Number	Not App	
Principal Place	e of Business	2a. Mailing Address		65-0641126	\$8.75 Addition	
•	<u> </u>	26 2 to Act # etc		5. Certificate of Status Desired	Fee Require	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Bestie		
		27		6. Election Campaign Financing	\$5.00 May	
City & State		City & State		Trust Fund Contribution	Added to Fe	es
Oily a Diase		28]	Country	8. This corporation owes the current year	r Intangible	
Zip ·	Country	Zip	¬ ·	Porconal Property Tax.		10
Ζ <b>ι</b> μ •	25	293	<u>ol</u>	10. Name and Address of New Registe	red Agent	
	a Name and Address of Currer	nt Registered Agent	81 Name			
<del></del>	9. Name and Address	The second secon	1 '			
CAAM	EDRA, JOSE A	ويني معطو	82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
SAAVI	BRICKELL AVE., 8TH FLOOR	Turker (Tark	]		A STATE OF THE STA	3.0
1428	BRICKELL MAL., OTT TEOOT		83		The second of th	14 . 1331
MIAM	I FL 33131		ļ	The state of the s	85 Zip Code	e, ,
			84 City		<u> </u>	ictored
		<u> </u>		corporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing its reg appointment as registe	ered
	a the provisions of Sections 607.05	02 and 607 1508, Florida Statute	thorized by the corpor	ration's board of directors. I fieldby accept the	, 	Į
Pursuant of	egistered agent, or both, in the State	e of Florida, Such change was acceptions of Section 607.0505, Flori	da Statutes.			
agent. I an	o the provisions of Section, in the State egistered agent, or both, in the State in familiar with, and accept the oblig				TE	
			Registered Agent signature re	equired when reinstating)  ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS	IN 12
	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	ADDITIONS/CHANGES TO STATE	☐ Change	☐ Addition
2.	OFFICERS A	DELETE	1,1 TITLE	* * * * * * * * * * * * * * * * * * * *	<del>-</del>	
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	A THE LANGE OF LETTING					
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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 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: