

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90080 010 ***150.00

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DOCUMENT # P96000024059

1. Corporation Name

RAUL J. SANCHEZ DE VARONA, P.A.



Principal Place of Business

4649 PONCE DE LEON BLVD #400
CORAL GABLES FL 33146
US

Mailing Address

4649 PONCE DE LEON BLVD #400
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1996

4. FEI Number

65-0649573

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

21 145 MADEIRA AVENUE

Suite, Apt. #, etc.

22 SUITE 310

City & State

23 CORAL GABLES, FL

Zip Country

24 33134

25 USA

2a. Mailing Address

26 145 MADEIRA AVENUE

Suite, Apt. #, etc.

27 SUITE 310

City & State

28 CORAL GABLES, FL

Zip Country

29 33134

30 USA

9. Name and Address of Current Registered Agent

DE VARONA, RAUL J SANCHEZ
4649 PONCE DE LEON BLVD #400
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

DE VARONA, RAUL J SANCHEZ

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

145 MADEIRA AVENUE, SUITE 310

83

84

CITY CORAL GABLES

FL

85 Zip Code

33134

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 ☐ DELETE

NAME D
DE VARONA, RAUL J SANCHEZ
STREET ADDRESS 4649 PONCE DE LEON BLVD #400
CITY-ST-ZIP CORAL GABLES FL 33146

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 ☒ Change ☐ Addition

NAME D
DE VARONA, RAUL J SANCHEZ
1.3 STREET ADDRESS 145 MADEIRA AVENUE, SUITE 310
1.4 CITY-ST-ZIP CORAL GABLES, FL 33134

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, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)