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PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000024370 (4)**

1. Corporation Name

ANDRES BOLANO, JR., C.P.A.'S, P.A.

Principal Place of Business	Mailing Address
~~75 VALENCIA AVENUE STE 705~~ CORAL GABLES FL 33134	~~75 VALENCIA AVENUE STE 705~~ CORAL GABLES FL 33134-6133

3. Date Incorporated or Qualified
03/14/1996

3a. Date of Last Report

	2. Principal Place of Business		2a. Mailing Address
21	3200 Ponce De Leon Blvd	26	3200 Ponce De Leon Blvd.
22	Suite, Apt. #, etc. 2nd FL.	27	Suite, Apt. #, etc. 2nd FL
23	City & State Coral Gables, FL	28	City & State Coral Gables, FL
24	Zip 33134	25 Country USA	29 Zip 33134	30 Country USA

4. FEI Number 65-0670042

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

BOLANO, ANDRES JR.
~~75 VALENCIA AVENUE STE 705~~ 3200 PONCE DE LEON BLVD
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable) 3200 PONCE DE LEON BLVD
83	2nd FL
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 _____ DATE 4/25/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME BOLANO, ANDRES		1.2 NAME	3200 Ponce De Leon Blvd, 2nd FL
STREET ADDRESS ~~75 VALENCIA AVENUE STE 705~~		1.3 STREET ADDRESS	Coral Gables, FL 33134
CITY-ST-ZIP CORAL GABLES FL 33134		1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: _____ Date 4/25/97 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0160152