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

**PROFIT** CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

P96000035088 (9)

DANIEL IBANEL P.A.

Principal Place of Business 1012 DOUGLAS AVE

Mailing Address

1012 DOUGLAS AVE.

## **FILED** Mar 17 1998 8:00am Secretary of State



**ALTAMONTE SPRINGS FL 32714** ALTAMONTE SPRINGS FL 32714 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/19/1996 2. Principal Place of Business 21 819 TURNBULL 2a. Mailing Address 4. FEI Number Applied For 819 TURNBULL AVE, 59-3373210 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired ALTAMONTE SPRINGS ALTAMONTE SPRINGS Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be FLORIDA FLORIDA 28 Trust Fund Contribution Added to Fees 23 Country Country 8. This corporation owes or has paid the current year intangible 32701 25 SEMINOLE 32701 30 SEMINOLÉ 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent RODRIGUEZ, PABLO 310 1/2 S. BUMBY 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32803 83 Zip Code 84 City 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 little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ЪP DELETE Change Addition TITLE 1.1 TOLE IBANEZ, DANIEL NAME 1.2 NAME 1012 DOUGLAS AVE. STREET ADDRESS 1.3 STREET ADDRESS **ALTAMONTE SPRINGS FL 32714** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE **IBANEZ, DIANA** 2.2 NAME 1012 DOUGLAS AVE. STREET ADDRESS 2.3 STREET ADDRESS ALTAMONTE SPRINGS FL 32714 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 DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-St-ZiP 4.4 CITY - ST-ZIP DELETE 5.1 TITLE ☐ Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change \_\_ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 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 another with an address.