

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

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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90244 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P96000079580

1. Corporation Name
BEHAR-YBARRA & ASSOCIATES OF FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 C/O ZUCKERMAN, SPAEDER, TAYLOR & EVANS 201 SOUTH BISCAYNE BOULEVARD, SUITE 900 MIAMI FL 33131
 C/O ZUCKERMAN, SPAEDER, TAYLOR & EVANS 201 SOUTH BISCAYNE BOULEVARD, SUITE 900 MIAMI FL 33131

3. Date Incorporated or Qualified
09/25/1996

4. FEI Number Applied For
65-0597030 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 2a. Mailing Address

21 **2 S. Biscayne Blvd.** 26 **2 S. Biscayne Blvd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **Suite 3400** 27 **Suite 3400**

23 **Miami, Florida** 28 **Miami, Florida**
 City & State City & State

24 **33131** 25 **USA** 29 **33131** 30 **USA**
 Zip Country Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C/O ZUCKERMAN, SPAEDER T LLP
 C/O ZUCKERMAN, SPAEDER, TAYLOR & EVANS
 201 SOUTH BISCAYNE BOULEVARD, SUITE 900
 MIAMI FL 33131

81 Name **Valdes-Fauli Corporate Services, Inc.**

82 Street Address (P.O. Box Number is Not Acceptable)
2 S. Biscayne Blvd.

83 **Suite 3400**

84 City **Miami** 85 Zip Code **FL 33131**

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 607.0508, Florida Statutes.

SIGNATURE *Raul E. Valdes-Fauli* **Raul E. Valdes-Fauli, President** **April 14, 1999**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIMINEZ, B R	1.2 NAME	
STREET ADDRESS	201 SOUTH BISCAYNE BOULEVARD, SUITE 900	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 attachment with an address, with all other like empowered.

SIGNATURE: *Blanca R. Jimenez Pivas* **Blanca R. Jimenez Pivas** **4-27-99** **305-376-6013**
 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (1/198)