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FILED

May 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000081401 (7)

1. Corporation Name

CANTILLO & ASSOCIATES, INC.

Principal Place of Business

10351 S.W. 51ST STREET  
MIAMI FL 33165

Mailing Address

10351 S.W. 51ST STREET  
MIAMI FL 33165-6230



3. Date Incorporated or Qualified

10/02/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

65-0697998

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

METSCH, BENJAMIN R  
METSCH, METSCH & METSCH, P.A.  
19 WEST FLAGLER STREET, SUITE 416  
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name PEDRO M. ROMAN-CORREA  
82 Street Address (P.O. Box Number is Not Acceptable)  
10351 SW 51 ST.  
83  
84 City miami FL 85 Zip Code 33165

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROMAN-CORREA, PEDRO M	
STREET ADDRESS	10351 S.W. 51ST STREET	
CITY- ST- ZIP	MIAMI FL 33165	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CANTILLO, JULIAN	
STREET ADDRESS	6236 S.W. 10TH TERRACE	
CITY- ST- ZIP	WEST MIAMI FL 33144	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LOURDES CUE DE ROMAN, MARIA DE	
STREET ADDRESS	10351 S.W. 51ST ST.	
CITY- ST- ZIP	MIAMI FL 33165	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CANTILLO, ILEANA	
STREET ADDRESS	6236 S.W. 10TH TER.	
CITY- ST- ZIP	WEST MIAMI FL 33144	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 305-285-5757

Date Daytime Phone #

CR2E034 (9/96)