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FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000075853 (6)

1. Corporation Name

ARAZOZA & COMPANY, P.A.

Principal Place of Business

101 MADEIRA AVE
CORAL GABLES FL 33134

Mailing Address

101 MADEIRA AVE
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1997

4. FEI Number

65-0778425

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

ARAZOZA COMAS DE TORRES & FERNANDEZ FRAGA
101 MADEIRA AVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE

President

1.2 NAME

Carlos Arazoza

1.3 STREET ADDRESS

9320 S.W. 96 Street

1.4 CITY-ST-ZIP

Miami, FL 33176

2.1 TITLE

Exec. Vice Pres.

☐ Change

☒ Addition

2.2 NAME

Armando Vizcaino

2.3 STREET ADDRESS

7900 S.W. 15 Street

2.4 CITY-ST-ZIP

Miami, FL 33144

3.1 TITLE

Treasurer

☐ Change

☒ Addition

3.2 NAME

Gaston J. Comas

3.3 STREET ADDRESS

8267 S.W. 85 Terrace

3.4 CITY-ST-ZIP

Miami, FL 33143

4.1 TITLE

Secretary

☐ Change

☒ Addition

4.2 NAME

Carlos F. Arazoza

4.3 STREET ADDRESS

9600 S.W. 96 Ave.

4.4 CITY-ST-ZIP

Miami, FL 33176

5.1 TITLE

Vice President

☐ Change

☒ Addition

5.2 NAME

Jose M. Martinez

5.3 STREET ADDRESS

466 S.W. 2nd Road

5.4 CITY-ST-ZIP

Miami, FL 33129

6.1 TITLE

Vice President

☐ Change

☒ Addition

6.2 NAME

Maria Chacon

6.3 STREET ADDRESS

8320 N.W. 166 Terr.

6.4 CITY-ST-ZIP

Miami, FL 33016

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.

SIGNATURE

(Signature)

4/24/98

CR2E034 (10/97)