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

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**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90055 049 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000075853**

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2100 SALZEDO STREET Suite, Apt. #, etc. 22 SUITE 300 City & State 23 CORAL GABLES, FLORIDA Zip 24 33134		2a. Mailing Address 26 2100 SALZEDO STREET Suite, Apt. #, etc. 27 SUITE 300 City & State 28 CORAL GABLES, FLORIDA Zip 29 33134		3. Date Incorporated or Qualified 09/02/1997		4. FEI Number 65-0778425		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required		\$5.00 May Be Added to Fees	

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 **Arazoza, Comas de Torres & Fernandez-Fraga, P.A.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2100 Salzedo Street**  
 83 **Suite 300**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	ARAZOZA, CARLOS	
STREET ADDRESS	9320 S W 96TH STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	VIZCAINO, ARMANDO	
STREET ADDRESS	7900 S W 15TH STREET	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COMAS, GASTON J	
STREET ADDRESS	8267 S W 85TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ARAZOZA, CARLOS F	
STREET ADDRESS	9600 S W 96TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MARTINEZ, JOSE M	
STREET ADDRESS	466 S W 2ND ROAD	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CHACON, MARIA	
STREET ADDRESS	8320 N W 166TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33016	

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 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: *Carlos Arazoza* 2/27/99 (305) 44-3229  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)