

2120

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

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

03-08-1999 90055 049 ***150.00



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 ☐

\$5.00 May Be
Added to Fees

7. Trust Fund Contribution ☐

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2100 SALZEDO STREET

2a. Mailing Address

2100 SALZEDO STREET

Suite, Apt. #, etc.

SUITE 300

Suite, Apt. #, etc.

SUITE 300

City & State

CORAL GABLES, FLORIDA

City & State

CORAL GABLES, FLORIDA

Zip

33134

Country

USA

Zip

33134

Country

USA

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **ARAZOZA, CARLOS**
STREET ADDRESS **9320 S W 96TH STREET**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **EVP** ☒ DELETE

NAME **VIZCAINO, ARMANDO**
STREET ADDRESS **7900 S W 15TH STREET**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **T** ☐ DELETE

NAME **COMAS, GASTON J**
STREET ADDRESS **8267 S W 85TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **S** ☐ DELETE

NAME **ARAZOZA, CARLOS F**
STREET ADDRESS **9600 S W 96TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **VP** ☐ DELETE

NAME **MARTINEZ, JOSE M**
STREET ADDRESS **466 S W 2ND ROAD**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE **VP** ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/99 (305) 44-3221
Date Daytime Phone #

0198143

CR2E034 (11/98)