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## 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 # P98000056136

1. Corporation Name

BLARY & VILLAMAR, P.A.

Principal Place	e of Business	Mailing Address				
122 MINORCA AVENUE 122 MINORCA AVENUE CORAL GABLES FL 33134 CORAL GABLES FL 33134						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
		2a Mailing Addrags				06/23/1998 4. FEI Number Applied For
2. Principal Ptace of Business 2a. Mailing Address						65-084525.3 Not Applicable
Suite, Apt.	Suite, Apt. #, etc.				\$8.75 Ac ditional	
22 Suite, Apt.	#, etc. 	27				5. Certificate of Status Desired  Fee Required
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees	
Zip Coun ry		Zip Country			8. This corporation owes the current year Intangible	
24	25	29 30			Person al Property Tax. Yes No	
	9. Name and Address of Curren					10. Name and Address of New Registere I Agent
\#L	AMAR, HECTOR E JR		1	B1	Name	
122 MINORCA AVENUE			Ĩ	B2	Street A	Ad Iress (P.O. Box Number is Not Acceptable)
COR	AL GABLES FL 33134		[8	83		<del></del>
			1	84	City	E∥ 85 Zip Ccde
						FL 0
office or re	edistered agent, or both, in the State (	of Florida. Such change was auti	norized i	วง เท	named ci ie corpor	co poration submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	a Statut	es.		
SIGNATURIE		077				equired when reinstating) DATE
	Signature, typed or printed name of registered agen	D DIRECTORS (NOTE R	13.	igent s	signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D DEFICE ROAM	DELETE	1,1 TITL	 E		Change Addition
NAME	BLARY, IVONNE ROSA	_	1.2 NAW			
STREET ADDRESS	122 MINORCA AVENUE				DDRESS	
	CORAL GABLES FL 33134		1.4 CITY			
CITY-ST-ZIP	D	DELETE	2.1 TITL			Change Addition
NAME	VILLAMAR, HECTOR E JR		2.2 NAME			
	The state of the s				DORESS	
STREET ADDRESS	122 MINORCA AVENUE CORAL GABLES FL 33134		2.4 CIT		- 1	
CITY-ST-ZIP _	CONAL GABLES IL 33134	☐ DELETE	3.1 TITL			Change Addition
NAME			32 NAM	Æ,		
STREET ADDRESS			3.3 STR	EETA	DDRESS	
CITY-ST-ZIP			3.4. CIT	Y-ST-	ZVP	
TITLE		☐ DELETE	4.1 TITL	E	-	☐ Change ☐ Addition
NAME			4. 2 NA	ME		
STREET ADDRESS	4		43STR	EET A	DORESS	
CITY-ST-ZIP			4.4 CM	Y-ST-2	ZiP	
TITLE		☐ DELETE	5 1 TITL			Change Addition
NAME			5.2 NAN			
STREET ADDRESS			5.3 STR	REETA	DDRESS	
CITY-ST-ZIP			5.4 CITY		ZIP	
TITLE		☐ DELETE	6.1 TITL			Change Addition
NAME			6.2 NAN	۸Ł		

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 indicate 1 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 of 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 13 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

CER OR DIRECTOR

6.4 CITY-ST-ZIP

SIGNATURE: (\

STREET ADDRESS

CITY-ST-ZIP