

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90006 001 ***150.00

DOCUMENT # P98000061643

1. Corporation Name

LAW OFFICES OF PETER A. GONZALEZ, P.A.

Principal Place of Business

Mailing Address

201 ALHAMBRA CIRCLE SUITE 500
CORAL GABLES FL 33134

201 ALHAMBRA CIRCLE SUITE 500
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1998

2. Principal Place of Business

21 2333 Ponce de Leon Blvd

2a. Mailing Address

26 2333 Ponce de Leon Blvd

4. FEI Number

65-0850239

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite 710

Suite, Apt. #, etc.

27 Suite 710

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Coral Gables, Florida

City & State

28 Coral Gables, Florida

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 33134

Country

25 Miami-Dade

Zip

29 33134

Country

30 Miami-Dade

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, PETER A
201 ALHAMBRA CIRCLE SUITE 500
CORAL GABLES FL 33134

81 Name

Gonzalez, Peter A.

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

2333 Ponce de Leon Blvd.

83

Suite 710

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME GONZALEZ, PETER A

STREET ADDRESS 201 ALHAMBRA CIRCLE SUITE 500

CITY-ST-ZIP CORAL GABLES FL 33134

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

2333 Ponce de Leon Blvd., Suite 710

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-99

Date

305-444-7344

Daytime Phone #

CR2E034 (11/98)