

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 # P98000087579

1. Corporation Name
RODRIGUEZ & ANGELO, P.A.

Principal Place of Business 201 S. BISCAYNE BLVD., SUITE 2300 MIAMI FL 33131-4329		Mailing Address 201 S. BISCAYNE BLVD., SUITE 2300 MIAMI FL 33131-4329	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Country 29 Zip 30	
Country 25		9. Name and Address of Current Registered Agent ANGELO, THOMAS P 201 S. BISCAYNE BLVD., SUITE 2300 MIAMI FL 33131-4329	

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90105 020 ***150.00

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/13/1998		
4. FEI Number 65-0868514		
Applied For Not Applicable		
5. Certificate of Status Desired □ \$8.75 Additional Fee Required		
6. Election Campaign Financing □ \$5.00 May Be Trust Fund Contribution Added to Fees		
8. This corporation owes the current year Intangible Personal Property Tax. □ Yes □ No		
9. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, FRANK R 201 S. BISCAYNE BLVD., SUITE 2300 MIAMI FL 33131-4329	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGELO, THOMAS P 201 S. BISCAYNE BLVD., SUITE 2300 MIAMI FL 33131-4329	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	□ Change □ Addition

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 unchanged, or on an attachment with an address with all other like empowered.

SIGNATURE: Thomas P. Angelo 02-04-99 (954) 766-9930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)