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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

**DOCUMENT #** S22065

(4)

SMITH, ORTIZ, GOMEZ AND BUZZI, P.A.

Mailing Address	
400 HINDDOA AVE	

**FILED** 

Jan 23 1998 8:00am

Secretary of State

Principal Place of Business 132 MINORCA AVE. CORAL GABLES FL 33134 CORAL GABLES FL 33134 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1991 2. Principal Place of Business 2a. Mailing Address 4. FEi Number Applied For 65-0232836 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes Personal Property Tax due June 30. ☐ No 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORPORATION COMPANY OF MIAMI 1500 EDWARD BALL BLDG. Street Address (P.O. Box Number is Not Acceptable) 100 CHOPIN PLAZA MIAMI FL 33131 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE SMITH, JOSE ENRIQUE 1.2 NAME NAME 132 MINORCA 1.3 STREET ADDRESS STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change \_\_\_ Addition 2.1 TITLE TITLE ORTIZ. FERNANDO L. NAME 2.2 NAME 132 MINORCA STREET ADDRESS 2.3 STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change \_\_ Addition 3.1 TITLE TITLE GOMEZ, ANTONIO 3.2 NAME NAME 132 MINORCA STREET ADDRESS 3.3 STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition \_\_\_ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS 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.

SIGNATURE:

CITY-ST-ZIP

MANdowio E. Gonce 1/5/88