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Apr 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S27341

(4)

1. Corporation Name

HEIL AND MENDEZ, P.A.

Principal Place of Business

12580 N.E. 9TH AVENUE
NORTH MIAMI, FL 33161

Mailing Address

12580 N.E. 9TH AVENUE
NORTH MIAMI, FL 33161-4961



2. Principal Place of Business

21 6175 NW 153rd

Suite, Apt. #, etc.

22 SUITE 230

City & State

23 MIAMI LAKES, FL

Zip

24 33014

Country

2a. Mailing Address

26 6175 NW 153rd

Suite, Apt. #, etc.

27 SUITE 230

City & State

28 MIAMI LAKES, FL

Zip

29 33014

Country

3. Date Incorporated or Qualified

01/21/1991

3a. Date of Last Report

04/30/1996

4. FEI Number

65-0241103

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HEIL, TIMOTHY J.
12580 N.E. 9TH AVENUE
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name

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

6175 NW 153rd

83 SUITE 230

84 MIAMI LAKES

FL

85 Zip Code

33014

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 DP ☐ DELETE

NAME HEIL, TIMOTHY J.
STREET ADDRESS 12580 NE 9TH AVENUE
CITY-ST-ZIP NORTH MIAMI FL

TITLE TSD ☐ DELETE

NAME MENDEZ, LOUIS
STREET ADDRESS 12580 NE 9TH AVE
CITY-ST-ZIP N MIAMI FL

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 6175 NW 153rd STE 230

1.4 CITY-ST-ZIP MIAMI LAKES, FL 33014

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 6175 NW 153rd STE 230

2.4 CITY-ST-ZIP MIAMI LAKES, FL 33014

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 do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/97 305.231.8224

Date

Daytime Phone

CR2E034 (9/96)