

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S29682** (9)

1. Corporation Name

**JULIO CUBENAS, P.A.**

Principal Place of Business

**1215 SIMONTON STREET  
KEY WEST FL 33040**

Mailing Address

**1215 SIMONTON STREET  
KEY WEST FL 33040**



|                                         |                             |                                         |                             |                                                                                                                                                  |  |                                              |  |
|-----------------------------------------|-----------------------------|-----------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| 2. Principal Place of Business          |                             | 2a. Mailing Address                     |                             | 3. Date Incorporated or Qualified<br><b>02/04/1991</b>                                                                                           |  | 3a. Date of Last Report<br><b>01/26/1995</b> |  |
| 21                                      | <b>517 Whitehead Street</b> | 26                                      | <b>517 Whitehead Street</b> | 4. FEI Number<br><b>65-0313036</b>                                                                                                               |  | Applied For<br>Not Applicable                |  |
| 22. State, Apt. #, etc.                 |                             | 27. State, Apt. #, etc.                 |                             | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                        |  | <b>\$8.75 Additional Fee Required</b>        |  |
| 23. City & State<br><b>Key West, FL</b> |                             | 28. City & State<br><b>Key West, FL</b> |                             | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                               |  | <b>\$5.00 May Be Added to Fees</b>           |  |
| 24. Zip<br><b>33040</b>                 |                             | 29. Zip<br><b>33040</b>                 |                             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                              |  |

9. Name and Address of Current Registered Agent

**CATALFOMO, ANTHONY  
517 WHITEHEAD STREET  
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

|    |                                                    |
|----|----------------------------------------------------|
| 81 | Name                                               |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |                                                    |
| 84 | City                                               |
| 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 required for both new and existing agents and for all applications.)

(If Officer Registered Agent signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS |                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|-----------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | <b>PST</b>                  | 1.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CUBENAS, JULIO</b>       | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>1215 SIMONTON STREET</b> | 1.3 STREET ADDRESS                                    | <b>517 Whitehead St., Key West FL 33040</b>                                  |
| CITY-ST-ZIP                | <b>KEY WEST FL</b>          | 1.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <b>D</b>                    | 2.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CUBENAS, JULIO</b>       | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>1215 SIMONTON STREET</b> | 2.3 STREET ADDRESS                                    | <b>517 Whitehead St., Key West, FL 33040</b>                                 |
| CITY-ST-ZIP                | <b>KEY WEST FL</b>          | 2.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      |                             | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                             | 3.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                             | 3.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                             | 3.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      |                             | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                             | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                             | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                             | 4.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      |                             | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                             | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                             | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                             | 5.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      |                             | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                             | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                             | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                             | 6.4 CITY-ST-ZIP                                       |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

President

(Signature and typed or printed name of signing officer or director)

**Julio J. Cubenas**

**1/23/96**

**(305)293-8587**

Daytime Phone

CR2E034 (12/95)