

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  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90064 029 \*\*\*150.00

DOCUMENT # S29682

1. Corporation Name  
JULIO CUBENAS, P.A.

Principal Place of Business  
517 WHITEHEAD STREET  
KEY WEST FL 33040  
US

Mailing Address  
517 WHITEHEAD STREET  
KEY WEST FL 33040  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1991

4. FEI Number  
65-0313036

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 1111 12th Street

2a. Mailing Address  
26 1111 12th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #103

27 #103

City & State

City & State

23 Key West, FL

28 Key West, FL

24 33040 25 USA

29 33040 30 USA

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 Farrell, Gregory G.  
82 Street Address (P.O. Box Number is Not Acceptable)  
c/o Catalfomo & Farrell  
83 506 Louisa Street  
84 City Key West FL 85 Zip Code 33040

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

01/06/99

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE  
NAME CUBENAS, JULIO  
STREET ADDRESS 517 WHITEHEAD ST  
CITY-ST-ZIP KEY WEST FL

TITLE D ☐ DELETE  
NAME CUBENAS, JULIO  
STREET ADDRESS 517 WHITEHEAD ST  
CITY-ST-ZIP KEY WEST FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME } same  
1.3 STREET ADDRESS 1524 Rose Street  
1.4 CITY-ST-ZIP Key West, FL 33040

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME } same  
2.3 STREET ADDRESS 1524 Rose Street  
2.4 CITY-ST-ZIP Key West, FL 33040

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 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

Date

Daytime Phone #

1/5/99

(305) 296-2074

CR2E034 (11/98)