

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

FILED  
Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S34043

(7)

1. Corporation Name

CARLOS J. ARBOLEYA, JR., P.A.

Principal Place of Business

2100 PONCE DE LEON BLVD  
STE 1100  
CORAL GABLES FL 33134  
US

Mailing Address

2100 PONCE DE LEON BLVD  
STE 1100  
CORAL GABLES FL 33134-5215  
US

3. Date Incorporated or Qualified

02/26/1991

3a. Date of Last Report

04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 CARLOS J. ARBOLEYA, JR. ESQ.  
2880 SOUTH DIXIE HIGHWAY  
COCONUT GROVE, FLORIDA 33133  
(305) 888-0076 (305) 888-0191 FAX

26 CARLOS J. ARBOLEYA, JR. ESQ.  
2880 SOUTH DIXIE HIGHWAY  
COCONUT GROVE, FLORIDA 33133  
(305) 888-0076 (305) 888-0191 FAX

Zip Country

Zip Country

4. FEI Number

65-0258310

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

ARBOLEYA, CARLOS J., JR.  
2100 PONCE DE LEON BLVD  
STE 1100  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

CARLOS J. ARBOLEYA, JR. ESQ.  
2880 SOUTH DIXIE HIGHWAY  
COCONUT GROVE, FLORIDA 33133  
(305) 888-0076 (305) 888-0191 FAX

FL 33 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	ARBOLEYA, CARLOS J., JR.	
STREET ADDRESS	2100 PONCE DE LEON BLVD	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CARLOS J. ARBOLEYA, JR. ESQ.
1.3 STREET ADDRESS	2880 SOUTH DIXIE HIGHWAY
1.4 CITY - ST - ZIP	COCONUT GROVE, FLORIDA 33133 (305) 888-0076 (305) 888-0191 FAX
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

CARLOS J. ARBOLEYA, JR. ESQ.  
2880 SOUTH DIXIE HIGHWAY  
COCONUT GROVE, FLORIDA 33133  
(305) 888-0076 (305) 888-0191 FAX

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