

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
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90024 022 ***550.00

DOCUMENT # S40077

1. Corporation Name

R.P.T.'S AND ASSOCIATES, INC.

Principal Place of Business

**391 ARAGON STE 211
CORAL GABLES FL 33134**

Mailing Address

**391 ARAGON STE 211
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1991

4. FEI Number

65-0263767

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

21 391 Aragon
Suite, Apt. #, etc.

2a. Mailing Address

26 391 Aragon
Suite, Apt. #, etc.

22 Suite # 204

27 Suite # 204

23 Coral Gables, FL

28 Coral Gables, FL

Zip Country

24 33134

25

Zip Country

29 33134

30

9. Name and Address of Current Registered Agent

**DE MENA-PASCUAL, ELIZABETH
391 ARAGON STE 211
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name Elizabeth De mena-Pascual
82 Street Address (P.O. Box Number is Not Acceptable)
391 Aragon
83 Suite # 204
84 City Coral Gables **85 Zip Code**
FL 33134

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 ☐ DELETE

TITLE DPT
NAME DE MENA-PASCUAL, ELIZABETH
STREET ADDRESS 391 ARAGON STE 211
CITY-ST-ZIP CORAL GABLES FL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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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: *Elizabeth Pascual*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/99

305-441-0525

CR2E034 (11/98)