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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # \$64843**

1. Corporation Name

JOSE E. RIBAS P.A.

Mailing Address

FILED

Feb 03, 1999 8:00am

Secretary of State

02-03-1999 90031 046 ***150.00

	Puriness	Mailing Addre	33					٠ -
incipal Place of		3927 N.W. 7TH	STREET				00405	
27 N.W. 7TH STREET		MIAMI FL 3317	MIAMI FL 33126			DO NOT WRITE IN THIS SPACE		
AMI FL 33126		((MICHAN) = 00.1			3. Date Incorporated or Qualifed		
						07/09/1991		
	•					0//04/1991	Applied	For
		2a. Mailing A	ddress			4. FEI Number		plicable
Principal Place	e of Business	} 1	} 1			65-0274470 Not Applied		
		26	6			5. Certificate of Status Desired	Fee Requir	
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.		5. Certificate of Status Desired			
	etc.	27				6. Election Campaign Financing	\$5.00 Mag	y Be
}	City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	Added to F	ees
City & State			28			the current year Intangible		
			Zip Country		8. This corporation owes the current your	Z Yes □	No	
Zip Country		⊢¬ `	¬ ` [20]		Personal Property Tax. 10. Name and Address of New Registered Agent			
	25	29				10. Name and Address of New Registered		
'	9. Name and Address of Curre	ent Registered Ag	ent	81	Name			,
		<u>"</u> ([[The state of the Acceptable)		•
DIRAC	, JOSE E			82	Street Add	ess (P.O. Box Number is Not Acceptable)	. <u> </u>	
COOR S	NW 7TH STREET					—————————————————————————————————————		
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MIAM	FL 33120			<u> </u>			85 Zip Co	de
		•		84	1 *	<u>F</u>	<u> </u>	rictored
			<u> </u>		l	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its re	stered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable			nt signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12
3IGIATORE .	Signature, typed or printed name of registered	AND DIRECTORS		13.		ADDITIONS/CHARGES	Change	☐ Addition
12.		74.00	DELETE	1.1 TITLE	1			
TITLE	PST			1.2 NAME	Į.	•		
NAME	RIBAS, JOSE E.			13 STREE	ET ADDRESS			
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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 eport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this annual report or supplemental annual eport 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 of frustee 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 of an attraction with an address, with all other like empowered.