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PROFIT CORPORATION
ANNUAL REPORT
1997

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

FILED

97 MAY 19 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **S79350** (2)

1. Corporation Name
OJITO & ASSOCIATES, INC.

Principal Place of Business

**13364 SW 128 ST
MIAMI FL 33186
US**

Mailing Address

**13364 SW 128 ST
MIAMI FL 33186-5807
US**

3. Date Incorporated or Qualified 09/11/1991	3a. Date of Last Report 04/10/1996
4. FEI Number 65-0282588	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**PARLADE, ALBERTO J., ESQUIRE
3850 S.W. 87TH AVENUE
SUITE 207
MIAMI FL 33165**

10. Name and Address of New Registered Agent
81 Name **Mercedes Fuentes-Ojito**
82 Street Address (P.O. Box Number is Not Acceptable)
13364 SW 128 ST
83 **MIAMI, FL 33186**
84 City **FL** 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]* DATE **4-29-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PP	<input checked="" type="checkbox"/>
NAME	OJITO, OSVALDO A.	
STREET ADDRESS	11952 SW 134 COURT	
CITY - ST - ZIP	MIAMI FL	
TITLE	TS	<input type="checkbox"/>
NAME	OJITO, MERCEDES FUERTES	
STREET ADDRESS	11952 SW 134 COURT	
CITY - ST - ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/>
NAME	RODRIGUEZ, PABLO	
STREET ADDRESS	19850 SW 207 AVENUE	
CITY - ST - ZIP	MIAMI FL 33187	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	Delete secretary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	From his title		
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE	ADD secretary	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	to her title		
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 or on an attachment with an address.

SIGNATURE: *[Signature]* **Mercedes Fuentes-Ojito** DATE: **4/11/97** DAYTIME PHONE: **305-235-2320**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)