

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 AM 8:29

DOCUMENT # **S87025** (0)

1. Corporation Name
JULIO C. MARRERO AND ASSOCIATES, P.A.

Principal Place of Business 999 PONCE DE LEON BLVD. S-605 CORAL GABLES FL 33134	Mailing Address 999 PONCE DE LEON BLVD. S-605 CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/14/1991	3a. Date of Last Report 05/26/1994
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2. Principal Place of Business 21 2903 Salzedo STREET	2a. Mailing Address 26 2903 Salzedo STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

4. FEI Number 65-0289285	Applied For Not Applicable
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22 City & State CORAL GABLES FL	27 City & State CORAL GABLES FL
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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23 Zip 33134	25 Country DADE	29 Zip 33134	30 Country DADE
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**MARRERO, JULIO C.
999 PONCE DE LEON BLVD.
S-605
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name JULIO C. MARRERO
82 Street Address (P.O. Box Number is Not Acceptable) 2903 SALZEDO ST.
83
84 City CORAL GABLES FL
85 Zip Code 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 _____ DATE **1-23-95**

12. OFFICERS AND DIRECTORS

TITLE PVT	NAME MARRERO, JULIO C.
STREET ADDRESS 999 PONCE DE LEON BLVD	CITY-ST-ZIP CORAL GABLES FL
TITLE SD	NAME MARRERO, JULIO C.
STREET ADDRESS 999 PONCE DE LEON BLVD	CITY-ST-ZIP CORAL GABLES FL
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information included in 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: _____ DATE **1-23-95** **305-246 0163**