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FILED

Feb 02, 1999 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02-02-1999 90008 020 ****150.00

DOCUMENT # S87025

1. Corporation Name
MARRERO, CHULLI AND ASSOCIATES, P.A.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1991

4. FEI Number

65-0289285

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARRERO, JULIO C.
2903 SALZEDO STREET
CORAL GABLES FL 33134

81 Name

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

83

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, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

11/15/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVT DELETE

NAME MARRERO, JULIO C.
STREET ADDRESS 2903 SALZEDO STREET
CITY-ST-ZIP CORAL GABLES FL

1.1 TITLE Change Addition

TITLE SD DELETE

NAME MARRERO, JULIO C.
STREET ADDRESS 2903 SALZEDO STREET
CITY-ST-ZIP CORAL GABLES FL

2.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition

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: X

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/99 305-446-0163
Date Daytime Phone #

CR2E034 (1/1/98)