

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 28 PM 2:19

DOCUMENT # **V17886** (5)

1. Corporation Name  
**JOSE CASTRO ASSOCIATES, INC.**

Principal Place of Business Mailing Address  
**2675 S BAYSHORE DR COCONUT GROVE FL 33133** **2675 S BAYSHORE DR COCONUT GROVE FL 33133**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/02/1992** 3a. Date of Last Report **03/24/1994**  
4. FEI Number **65-0315278** 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 26. Mailing Address  
21 **4600 S. Dixie Highway** 26 **4600 S. Dixie Highway**  
Suite, Apt. #, Etc. Suite, Apt. #, Etc.  
22 **SUITE A** 27 **SUITE A**  
City & State City & State  
23 **Coral Gables, FL** 28 **Coral Gables, FL**  
Zip Country Zip Country  
24 **33140** 25 **U.S.** 29 **33140** 30 **U.S.**

9. Name and Address of Current Registered Agent  
**CASTRO, JOSE**  
**2675 S BAYSHORE DR**  
**COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Applicable)  
B3  
B4 City B5 Zip Code  
**FL**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 TITLE	<b>D</b>	11.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11.2 NAME	<b>CASTRO, JOSE</b>	11.2 NAME	
11.3 STREET ADDRESS	<b>2675 S BAYSHORE DR</b>	11.3 STREET ADDRESS	
11.4 CITY, ST, ZIP	<b>COCONUT GROVE FL</b>	11.4 CITY, ST, ZIP	
12.1 TITLE		12.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME		12.2 NAME	
12.3 STREET ADDRESS		12.3 STREET ADDRESS	
12.4 CITY, ST, ZIP		12.4 CITY, ST, ZIP	
13.1 TITLE		13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		13.2 NAME	
13.3 STREET ADDRESS		13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP		13.4 CITY, ST, ZIP	
14.1 TITLE		14.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14.2 NAME		14.2 NAME	
14.3 STREET ADDRESS		14.3 STREET ADDRESS	
14.4 CITY, ST, ZIP		14.4 CITY, ST, ZIP	
15.1 TITLE		15.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15.2 NAME		15.2 NAME	
15.3 STREET ADDRESS		15.3 STREET ADDRESS	
15.4 CITY, ST, ZIP		15.4 CITY, ST, ZIP	
16.1 TITLE		16.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16.2 NAME		16.2 NAME	
16.3 STREET ADDRESS		16.3 STREET ADDRESS	
16.4 CITY, ST, ZIP		16.4 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 199.03(3)(B), 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. The receiver or trustee empowered to execute this report as required by Chapter 1817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: **JOSE CASTRO** 3-23-95 (305) 666-5105  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Number