

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**95 MAR -9 AM 8:44**

DOCUMENT # **V35802** (0)

1. Corporation Name  
**ALBERTO M. CARBONELL, P.A.**

Principal Place of Business Mailing Address  
**4960 S.W. 72ND AVE.** **4960 S.W. 72ND AVE.**  
**STE 205** **STE 205**  
**MIAMI FL 33156** **MIAMI FL 33156**  
**US** **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/13/1992** 3a. Date of Last Report **05/27/1994**  
4. FEI Number **65-0334574** 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 2a. Mailing Address  
21 **1102 Ponce De Leon Blvd.** 26 **1102 Ponce De Leon Blvd.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Coral Gables Florida** 27  
City & State City & State  
23 **Coral Gables, FL.** 28  
City & State City & State  
24 **33134** 25 **U.S.** 29 **33134** 30 **U.S.**  
Zip Country Zip Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**CARBONELL, ALBERTO M.** 81 Name **Carbonell, Alberto M.**  
**4960 SW 72ND AVE.** 82 Street Address (P.O. Box Number is Not Acceptable) **1102 Ponce De Leon Boulevard**  
**STE 205** 83  
**MIAMI FL 33156** 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 **3-6-95**  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PST</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARBONELL, ALBERTO M.</b>	1.2 NAME	
STREET ADDRESS	<b>909 GRANADA GROVE CT.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARBONELL, ALBERTO M.</b>	2.2 NAME	
STREET ADDRESS	<b>909 GRANADA GROVE CT.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DATE **3-6-95** (305) **44-0908**  
(Signature, typed or printed name of signing officer or director)