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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90026 013 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # V43850

1. Corporation Name

ALBERT A.A. CARTENUTO, III, P.A.

Principal Place of Business

11314 S.W. 147 PL
SUITE 100
MIAMI FL 33196-3340
US

Mailing Address

11314 S.W. 147 PL
SUITE 100
MIAMI FL 33196-3340
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1992

4. FEI Number

65-0345699

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 owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 15994 S.W. 110 STREET

Suite, Apt. #, etc.

22 SUITE 100

City & State

23 MIAMI FL

Zip

24 33196-3680

Country

25 USA

2a. Mailing Address

26 15994 S.W. 110 STREET

Suite, Apt. #, etc.

27 SUITE 100

City & State

28 MIAMI FL

Zip

29 33196-3680

Country

30 USA

9. Name and Address of Current Registered Agent

CARTENUTO, ALBERT A.A., III
11314 S.W. 147 PLACE
SUITE 100
MIAMI FL 33196

10. Name and Address of New Registered Agent

81 Name

CARTENUTO, ALBERT A.A., III

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

15994 S.W. 110 STREET

83

SUITE 100

84 City

MIAMI

85

Zip Code

FL 33196

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 607.0805, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-99

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME CARTENUTO, ALBERT A.A.
STREET ADDRESS 11314 S.W. 147 PLACE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE PD
1.2 NAME CARTENUTO, ALBERT A.A., III
1.3 STREET ADDRESS 15994 S.W. 110 STREET
1.4 CITY-ST-ZIP MIAMI FL 33196-3680

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-29-99

Daytime Phone #

305-386-7767

CR2E034 (11/98)

0269245