AMENDED ANNUAL REPORT

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PROFIT CORPORATION ANNUAL REPORT

. 1996

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

FILED
96 JUN 21 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V58974

1. Corporation Name

ZIMBLE FORMOSO-MURIAS PROFESSIONAL ASSOCIATION

600001871345

Principal Place of Business	Mailing Address
1101 BRICKELL AVE., PENTHOUSE MIAMI FL 33131	1101 BRICKELL AVE., PENTHOUSE MIAMI FL 33131

3. Date Incorporated or Qualified: 08/19/92
3a. Date of Last Report: 04/24/96

21 Principal Place of Business
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 County

4. FEI Number: 65-0353792 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. [illegible] ☐ $5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FORMOSO-MURIAS, HECTOR
% ZIMBLE FORMOSO-MURIAS, P.A.
1101 BRICKELL AVE., PENTHOUSE
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 _____ DATE
Signature required only when name of registered agent is being changed. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13.	
11 TITLE	PSD ☐ DELETE	11 TITLE	☐ Change ☐ Addition
12 NAME	Formoso-Murias, Hector	12 NAME	
13 STREET ADDRESS	1101 BRICKELL AVE., PENTHOUSE	13 STREET ADDRESS	
14 CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
21 TITLE	DVT ☒ DELETE	21 TITLE	☐ Change ☐ Addition
22 NAME	Zimble, David Scott	22 NAME	
23 STREET ADDRESS	1101 BRICKELL AVE., PENTHOUSE	23 STREET ADDRESS	
24 CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
31 TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY-ST-ZIP		34 CITY-ST-ZIP	
41 TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 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 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.

SIGNATURE: _____ **HECTOR FORMOSO-MURIAS, PRESIDENT 6/17/96 (305) 372-0700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-9171
904-222-0393 FAX

800-342-8086

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CSC networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 995936 7110792

AUTHORIZATION : Patricia Pyatt

COST LIMIT : $ ~~225.00~~ 61.25

ORDER DATE : June 21, 1996

ORDER TIME : 9:15 AM

ORDER NO. : 995936

CUSTOMER NO: 7110792

CUSTOMER: Rafael Moreno, Esq
Formoso-murias, P.a.
Ph
1101 Brickell Avenue
Miami, FL 33131

ANNUAL REPORT FILING

NAME: ZIMBLE FORMOSO-MURIAS
PROFESSIONAL ASSOCIATION

XX___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XXX___ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: GAIL WILLIAMS

EXAMINER'S INITIALS: _____