

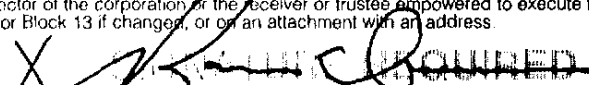
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L08168 (1) 1. Corporation Name DONNELL, DU QUESNE & ALBAISA, P.A.					
Principal Place of Business 4930 S.W. 74TH CT. MIAMI FL 33155		Mailing Address 4930 S.W. 74TH CT. MIAMI FL 33155-4400			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 08/09/1989 3a. Date of Last Report 03/04/1996 4. FEI Number 65-0138165 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 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent SAEZ, PEDRO P. 799 BRICKELL PLAZA SUITE 808 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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____ Signature: typed or printed name of registered agent and title if applicable					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE _____ NAME DONNELL, RAMON STREET ADDRESS 4930 S.W. 7TH COURT CITY-ST-ZIP MIAMI FL ☐ DELETE			1.1 TITLE _____ 1.2 NAME _____ 1.3 STREET ADDRESS _____ 1.4 CITY-ST-ZIP _____ ☐ Change ☐ Addition		
TITLE _____ NAME DU QUESNE, PEDRO J. STREET ADDRESS 4930 S.W. 7TH COURT CITY-ST-ZIP MIAMI FL ☐ DELETE			2.1 TITLE _____ 2.2 NAME _____ 2.3 STREET ADDRESS _____ 2.4 CITY-ST-ZIP _____ ☐ Change ☐ Addition		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ DELETE			3.1 TITLE _____ 3.2 NAME ALBAISA, AIDA 3.3 STREET ADDRESS 4930 SW 7TH COURT 3.4 CITY-ST-ZIP MIAMI FL ☐ Change ☒ Addition		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ DELETE			4.1 TITLE _____ 4.2 NAME _____ 4.3 STREET ADDRESS _____ 4.4 CITY-ST-ZIP _____ ☐ Change ☐ Addition		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ DELETE			5.1 TITLE _____ 5.2 NAME _____ 5.3 STREET ADDRESS _____ 5.4 CITY-ST-ZIP _____ ☐ Change ☐ Addition		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ DELETE			6.1 TITLE _____ 6.2 NAME _____ 6.3 STREET ADDRESS _____ 6.4 CITY-ST-ZIP _____ ☐ Change ☐ Addition		

14. I do 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.

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

Date: 2/13/97
Daytime Phone: (305) 666-0711
0209380

CR2E034 (9/96)