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
95 AUG 10 AM 11:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P92000011836 (3)**

1. Corporation Name
CHAVEZ PROFESSIONAL INC

Principal Place of Business	Mailing Address
11010 NORTH KENDALL DRIVE SUITE 208 MIAMI FL 33176	11110 N RANDALL DR STE 104 MIAMI FL 33176 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/11/1992
3a. Date of Last Report: 05/23/1994

2. Principal Place of Business	2a. Mailing Address
21 8952 S W 142 AVE	26 8952 SW 142 AVE
Suite, Apt. #, etc. 22 APT # 1103	Suite, Apt. #, etc. 27 APT # 1113
City & State 23 MIAMI FLORIDA	City & State 28 MIAMI FLORIDA
Zip / Country 24 33186 / 25 DADE	Zip / Country 29 33186 / 30 DADE

4. FEI Number: 65-0375382 ☐ 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

9. Name and Address of Current Registered Agent

CHAVEZ, EDUARDO
11110 NORTH KENDALL DRIVE
SUITE 104
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name: CHAVEZ, EDUARDO
82 Street Address (P.O. Box Number is Not Acceptable): 8952 SW 142 AVE APT#1113
83
84 City: MIAMI FL 85 Zip Code: 33186

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 familar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: EDUARDO CHAVEZ — AUG 2, 1995
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P.D	☒ Change ☐ Addition
NAME	CHAVEZ, EDUARDO	1.2 NAME	CHAVEZ, EDUARDO	
STREET ADDRESS	11010 NORTH KENDALL DRIVE	1.3 STREET ADDRESS	8952 SW 142 AVE, APT 1113	
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33186	
TITLE	D	2.1 TITLE	V D	☒ Change ☐ Addition
NAME	CHAVEZ, CLAUDIA	2.2 NAME	CLAUDIA CHAVEZ	
STREET ADDRESS	14355 SW 98 TERR.	2.3 STREET ADDRESS	8952 SW 142 AVE, APT 1113	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, Florida 33186	
TITLE	D	3.1 TITLE	S/D	☒ Change ☐ Addition
NAME	MUNIZ, MARIA	3.2 NAME	CLAUDIA CHAVEZ	
STREET ADDRESS	14355 SW 98 TERR.	3.3 STREET ADDRESS	8952 SW 142 AVE, APT 1113	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, Florida 33186	
TITLE	D	4.1 TITLE	P D C	☒ Change ☐ Addition
NAME	CHAVEZ, BRENDA	4.2 NAME	EDUARDO CHAVEZ	
STREET ADDRESS	14355 SW 98 TERR	4.3 STREET ADDRESS	8952 SW. 142 AVE, APT 1113	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami Florida 33186	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 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: EDUARDO CHAVEZ PRESIDENT — AUG 2, 1995 — 305-3872620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0430646 FP