

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000003308 (0)**

1. Corporation Name

LAW OFFICES OF JOAQUIN G. MOLINA, P.A.



Principal Place of Business

Mailing Address

**10140 SW 40TH STREET
MIAMI FL 33165**

**10140 SW 40TH STREET
MIAMI FL 33165**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/12/1995

3a. Date of Last Report

4. FEI Number

65-0550178

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

**MOLINA, JOAQUIN G ESQ.
10140 SW 40TH STREET
MIAMI FL 33165**

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

Signature, typed or printed name of registered agent or director

Signature, typed or printed name of registered agent or director

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
|-------|-------------------|----------------------|-----------------|---------------------------------|
| PVST | MOLINA, JOAQUIN G | 10140 SW 40TH STREET | MIAMI FL 33165 | <input type="checkbox"/> |
| D | MOLINA, JOAQUIN G | 10140 SW 40TH STREET | MIAMI FL 33165 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY - ST - ZIP | 21 TITLE | 22 NAME | 23 STREET ADDRESS | 24 CITY - ST - ZIP | 31 TITLE | 32 NAME | 33 STREET ADDRESS | 34 CITY - ST - ZIP | 41 TITLE | 42 NAME | 43 STREET ADDRESS | 44 CITY - ST - ZIP | 51 TITLE | 52 NAME | 53 STREET ADDRESS | 54 CITY - ST - ZIP | 61 TITLE | 62 NAME | 63 STREET ADDRESS | 64 CITY - ST - ZIP |
|----------|---------|-------------------|--------------------|----------|---------|-------------------|--------------------|----------|---------|-------------------|--------------------|----------|---------|-------------------|--------------------|----------|---------|-------------------|--------------------|----------|---------|-------------------|--------------------|
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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)(k), Florida Statutes. I further certify that the information included in 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 owner 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, hereon, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96 (305) 552-0049
DATE DAYTIME PHONE #

CR2E034 (12/95)