

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

FILED

Apr 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000056794 (7)**  
1. Corporation Name  
**NICOLAS FERNANDEZ, P.A.**



Principal Place of Business <b>GABLES INTERNATIONAL PLAZA 2655 LE JEUNE ROAD, PH I D CORAL GABLES FL 33134</b>	Mailing Address <b>GABLES INTERNATIONAL PLAZA 2655 LE JEUNE ROAD, PH I D CORAL GABLES FL 33134-5832</b>
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3. Date Incorporated or Qualified <b>07/14/1995</b>	3a. Date of Last Report <b>04/16/1996</b>
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2. Principal Place of Business 21 <b>c/o NICOLAS FERNANDEZ, P.A.</b> Suite, Apt. #, etc. 22 <b>PH-1D</b> City & State 23 <b>CORAL GABLES, FLORIDA</b> Zip 24 <b>33134</b>	25 <b>US</b>	2a. Mailing Address 26 <b>2655 LE JEUNE ROAD</b> Suite, Apt. #, etc. 27 <b>PH-1D</b> City & State 28 <b>CORAL GABLES, FLORIDA</b> Zip 29 <b>33134</b>	30 <b>US</b>
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4. FEI Number <b>65-0601144</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**FERNANDEZ, NICOLAS ESQ.  
ESQUIRE CORPORATE SERVICES, INC.  
2655 LE JEUNE ROAD, PH I D  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
81 Name **ESQUIRE CORPORATE SERVICES, INC.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2655 LE JEUNE ROAD, PH-1D**  
83  
84 City **CORAL GABLES** **FL** 85 **33134**

11. Pursuant to the provisions of Sections 607.05(2) 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 607.0605, Florida Statutes.

SIGNATURE: *Nicolas Fernandez* (NOTE: Registered Agent Signature Required upon reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FERNANDEZ, NICOLAS ESQ.</b>
STREET ADDRESS	<b>2655 LE JEUNE ROAD, PH I D</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Nicolas Fernandez* 4-1-97 305-461-0404  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)