

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

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**Apr 08 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P95000056794 (7)**

1. Corporation Name  
**NICOLAS FERNANDEZ, P.A.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>C/O NICOLAS FERNANDEZ, P.A. PH-10 CORAL GABLES FL 33134 US</b>	Mailing Address <b>2655 LE JEUNE ROAD PH-10 CORAL GABLES FL 33134 US</b>
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3. Date Incorporated or Qualified <b>07/14/1995</b>	
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 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>C/O Marquez &amp; Fernandez</b> Suite, Apt. #, etc. 22 <b># 548</b>		2a. Mailing Address 26 <b>782 NW Le Jeune Road</b> Suite, Apt. #, etc. 27 <b># 548</b>	
23 <b>Miami, Fl</b> City & State Zip 24 <b>33126</b>		28 <b>Miami, Fl</b> City & State Zip 29 <b>33126</b>	
Country 25 <b>USA</b>		Country 30 <b>USA</b>	

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 <b>Esquire Corporate Services, Inc.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>782 NW Le Jeune Road # 548</b>
83
84 City <b>Miami</b> <b>FL</b> 85 Zip Code <b>33126</b>

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 *Nicolas Fernandez* Sec 3-31-98 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 <b>DP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>FERNANDEZ, Nicolas ESQ.</b>	
1.3 STREET ADDRESS <b>782 NW LeJeune Rd., Suite 548</b>	
1.4 CITY-ST-ZIP <b>Miami, Florida 33126</b>	
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 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* 3-31-98

CP2E034 (10/97)