

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

**FILED**

**May 20 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 # P96000032167 (4)**

1. Corporation Name  
**MESA, RODRIGUEZ & MACHADO, P.A.**



Principal Place of Business  
**260 BIRD RD., STE. 210  
CORAL GABLES FL 33146**

Mailing Address  
**260 BIRD RD., STE. 210  
CORAL GABLES FL 33146-1424**

3. Date Incorporated or Qualified **04/12/1996** 3a. Date of Last Report

2. Principal Place of Business  
21 **1000 Brickell Avenue**  
Suite, Apt. #, etc.  
22 **Suite 660**  
City & State  
23 **Miami, Florida**  
Zip  
24 **33131** Country  
25 **U.S.A.**

2a. Mailing Address  
26 **1000 Brickell Avenue**  
Suite, Apt. #, etc.  
27 **Suite 660**  
City & State  
28 **Miami, Florida**  
Zip  
29 **33131** Country  
30 **U.S.A.**

4. FEI Number **65-0660975** 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  
**MESA, MANUEL M.  
260 BIRD RD., STE. 210  
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent  
81 Name **MANUEL A. MESA**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1000 Brickell Avenue**  
83 **Suite 660**  
84 City **Miami** FL 85 Zip Code **33131**

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]* **Registered Agent** DATE **1/24/97**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	<b>DUES- A. MANUEL A</b>	<b>260 BIRD RD., STE. 210 CORAL GABLES FL 33146</b>		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1.1	<b>P/D MANUEL A. MESA</b>	<b>1000 Brickell Avenue, Suite 660</b>	<b>Miami, Fl. 33131</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1	<b>S/D CARLOS M. MACHADO</b>	<b>1000 Brickell Avenue, Suite 660</b>	<b>Miami, Fl. 33131</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1	<b>V.P. / D JUAN S. RODRIGUEZ</b>	<b>1000 Brickell Avenue, Ste 660</b>	<b>Miami, Fl. 33131</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 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 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]*

CR2E034 (9/96)