FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **S82785** **(4)**

1. Corporation Name

S.P.A. CORPORATION

Principal Place of Business
801 MONTERREY STREET
SUITE 205-B
CORAL GABLES FL 33134
US

Mailing Address
801 MONTERREY ST.
SUITE 205-B
CORAL GABLES FL 33134
US

3. Date Incorporated or Qualified: 09/23/1991
3a. Date of Last Report: 08/10/1995

2. Principal Place of Business
21 250 CATALONIA AVE
Suite, Apt. #, etc.
22 SUITE # 305
City & State
23 CORAL GABLES, FL
Zip 24 33134 Country 25 U.S.A.

2a. Mailing Address
26 P.O BOX 144133
Suite, Apt. #, etc.
27
City & State
28 CORAL GABLES FL
Zip 29 331144133 Country 30 U.S.A.

4. FEI Number: ~~APPLIED FOR~~ 65-0502840 ✓ 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

DURAN, ALFREDO G.
SUITE 1100, GRAND BAY PLAZA
266 SOUTH BAYSHORE DRIVE
MIAMI FL 33133

10. Name and Address of New Registered Agent

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 of a member of the board of directors or officers of the corporation — Registered Agent signature required when mailing — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PEISAJOVICH, SANTIAGO	1.2 NAME	
STREET ADDRESS	801 MONTEREY ST. SUITE 205-B	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PEISAJOVICH, NOEMI	2.2 NAME	
STREET ADDRESS	801 MONTERREY ST., SUITE 205-B	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DORTA, EDUARDO	3.2 NAME	
STREET ADDRESS	801 MONTERREY STREET, SUITE 205-B	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	700001907417
STREET ADDRESS		5.3 STREET ADDRESS	-07/30/96--01023--017
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***200.00
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	5-1-96
STREET ADDRESS		6.3 STREET ADDRESS	jn
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)(k), 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: ✗ [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-15-96

Daytime Phone #: 441-0040

CR2E034 (12/95)