

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra E. Morvath
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 9: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V48188** (9)

1. Corporation Name
ANDRADE & HERNANDEZ, P.A.

Principal Place of Business Mailing Address
782 NW LE JEUNE RD STE 348 MIAMI FL 33126 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/07/1992** 3a. Date of Last Report **04/04/1994**
4. FEI Number **65-0336257** 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. 190.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **520 Biltmore Way** 26 **520 Biltmore Way**
22 **Coral Gables, FL** 27
23 **33134** 28 **Coral Gables FL**
24 **USA** 29 **33134** 30 **USA**

9. Name and Address of Current Registered Agent
**ANDRADE, GUILLERMO
782 NW LE JEUNE RD
STE 348
MIAMI FL 33126**

10. Name and Address of New Registered Agent
81 Name **Guillermo Andrade**
82 Street Address (P.O. Box Number is Not Acceptable) **520 Biltmore Way**
83
84 City **Coral Gables** FL 85 Zip Code **33134**

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 *Guillermo Andrade* **GUILLERMO ANDRADE** 4-28-95
Signature typed or printed name of registered agent (if applicable) (NOTE: Registered Agent signature required when renewing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HERNANDEZ, ARMANDO
STREET ADDRESS	13948 SW 55 ST.
CITY - ST - ZIP	MIAMI FL
TITLE	TSD
NAME	ANDRADE, GUILLERMO
STREET ADDRESS	5430 SW 97TH CT.
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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.

SIGNATURE: *Guillermo Andrade* **GUILLERMO ANDRADE** 4-28-95 305-444-8506
Signature typed or printed name of signing officer or director Date Telephone Number