

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**DOCUMENT # M33723 (1)**

**95 APR 11 PM 8:58**

1. Corporation Name  
**JULIAN J. RODRIGUEZ, P.A.**

Principal Place of Business      Mailing Address  
**C/O JULIAN J. RODRIGUEZ  
2801 PONCE DE LEON BLVD., SUITE 1000  
CORAL GABLES FL 33134**      **C/O JULIAN J. RODRIGUEZ  
2801 PONCE DE LEON BLVD., SUITE 1000  
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**06/16/1986**      **04/26/1994**

2. Principal Place of Business      2a. Mailing Address      4. FEI Number      Applied For  
**21**      **26**      **59-2688392**       Not Applicable

Suite, Apt. #, etc.      Suite, Apt. #, etc.      5. Certificate of Status Desired       **\$8.75** Additional Fee Required

City & State      City & State      6. Election Campaign Financing Trust Fund Contribution       **\$5.00** May Be Added to Fees

Zip      Country      Zip      Country      8. This corporation has liability for intangible tax under § 199.032, Florida Statutes       Yes       No

24      25      29      30

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent

**RODRIGUEZ, JULIAN J.  
2801 PONCE DE LEON BLVD.  
SUITE 412  
CORAL GABLES FL 33134**

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, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when registering)      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, JULIAN J.</b>	1. 2 NAME	
STREET ADDRESS	<b>2801 PONCE DE LEON BLVD.</b>	1. 3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	1. 4 CITY-ST-ZIP	
TITLE		2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. 2 NAME	
STREET ADDRESS		2. 3 STREET ADDRESS	
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	
TITLE		3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. 2 NAME	
STREET ADDRESS		3. 3 STREET ADDRESS	
CITY-ST-ZIP		3. 4 CITY-ST-ZIP	
TITLE		4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. 2 NAME	
STREET ADDRESS		4. 3 STREET ADDRESS	
CITY-ST-ZIP		4. 4 CITY-ST-ZIP	
TITLE		5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. 2 NAME	
STREET ADDRESS		5. 3 STREET ADDRESS	
CITY-ST-ZIP		5. 4 CITY-ST-ZIP	
TITLE		6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. 2 NAME	
STREET ADDRESS		6. 3 STREET ADDRESS	
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; 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: *Julian J. Rodriguez*      **JULIAN RODRIGUEZ**      4/6/95      445 0777

Signature and Typed Name of Signing Officer or Director      Date      Signature