FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR -4 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **363509** **(1)**

1. Corporation Name
SPILLIS CANDELA & PARTNERS, INC.

Principal Place of Business	Mailing Address
800 DOUGLAS ENTRANCE CORAL GABLES FL 33134	800 DOUGLAS ENTRANCE CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/30/1970**
3a. Date of Last Report: **02/07/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22: / 27:
City & State — 23: / 28:
Zip — 24: / Country — 25: / Zip — 29: / Country — 30:

4. FEI Number: **59-1290432** ☐ 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

SPILLIS, PETER
C/O SPILLIS CANDELA & PARTNERS, INC.
800 DOUGLAS ENTRANCE
CORAL GABLES FL 33134

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	☐ Change ☐ Addition
NAME	CANDELA, HILARIO	12 NAME	
STREET ADDRESS	10900 S W 53 AVE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	14 CITY-ST-ZIP	
TITLE	SCEO	21 TITLE	☐ Change ☐ Addition
NAME	SPILLIS, PETER	22 NAME	
STREET ADDRESS	10700 SNAPPER CREEK RD	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	24 CITY-ST-ZIP	
TITLE	EV	31 TITLE	☐ Change ☐ Addition
NAME	GRABIEL, JULIO	32 NAME	
STREET ADDRESS	1126 S. GREENWAY DR.	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	34 CITY-ST-ZIP	
TITLE	EV	41 TITLE	☒ Change ☐ Addition
NAME	ALVAREZ, ARAMIS	42 NAME	
STREET ADDRESS	807 JERONIMO DR.	43 STREET ADDRESS	8110 OLD CUTLER ROAD
CITY-ST-ZIP	CORAL GABLES FL 33146	44 CITY-ST-ZIP	MIAMI, FLORIDA 33143
TITLE	EV	51 TITLE	☒ Change ☐ Addition
NAME	DWORE, DON	52 NAME	
STREET ADDRESS	814 WINDERMERE WAY	53 STREET ADDRESS	13105 SILVER FOX TRAIL
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	54 CITY-ST-ZIP	PALM BEACH GARDENS, FLORIDA 33418
TITLE	EV	61 TITLE	☐ Change ☐ Addition
NAME	GUILLERMO, CARRERAS	62 NAME	
STREET ADDRESS	111 E. END DR.	63 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	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 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: _____ 3/10/95 (305) 444 4691
SIGNATURE OF NEW OFFICER OR DIRECTOR, IF APPOINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

0437064 FP