

**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 # 541090 (7)

1. Corporation Name

CARLOS M. ESTEVEZ AND ASSOCIATES, INC.



Principal Place of Business

1125 SEVILLA AVE.  
CORAL GABLES FL 33134

Mailing Address

1125 SEVILLA AVE.  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified  
07/08/1977

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 5801 SW. 94 ST

26 5801 SW. 94 ST.

4. FEI Number  
59-1751973

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 MIAMI, FLA

28 MIAMI, FLA

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 33156

25 U.S.A

29 33156

30 U.S.A

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESTEVEZ, CARLOS M  
1125 SEVILLA AVE.  
CORAL GABLES FL 33134

81 Name ESTEVEZ, CARLOS M.  
82 Street Address (P.O. Box Number is Not Acceptable) 5801 SW. 94 ST.  
83  
84 City MIAMI FL 85 Zip Code 33156

11. Pursuant to the provisions of Sections 607.002 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 conditions of Section 607.0505, Florida Statutes.

SIGNATURE

*Carlos M. Estevez* PRES. CARLOS M. ESTEVEZ

4/29/96

Signature typed or printed (Name of registered agent and title if applicable)

(NOTE - Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PSD	ESTEVEZ, CARLOS M.	1125 SEVILLA AVE.	CORAL GABLES FL	<input type="checkbox"/>
VD	ESTEVEZ, ANA C.	1125 SEVILLA AVE.	CORAL GABLES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PSD	ESTEVEZ, CARLOS M	5801 S.W. 94 ST.	MIAMI, FLA 33156	<input checked="" type="checkbox"/>
VD	ESTEVEZ, ANA C.	5801 SW. 94 ST.	MIAMI, FLA 33156	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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; that 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 change of name or address.

SIGNATURE:

*Carlos M. Estevez* PRES. CARLOS M. ESTEVEZ

4/29/96

(305) 669-4243

Signature typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (12/95)