

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **689913** (2)

1. Corporation Name  
**CRESPO & CRESPO ATTORNEYS AT LAW, P.A.**



Principal Place of Business: **2701 PONCE DE LEON BLVD. SUITE 302 CORAL GABLES FL 33134 US**  
Mailing Address: **2701 PONCE DE LEON BLVD. SUITE 302 CORAL GABLES FL 33134 US**

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

3. Date Incorporated or Qualified: **10/01/1980**  
3a. Date of Last Report: **04/25/1995**  
4. FLI Number: **59-2030259** Applied For:  Not Applicable  
5. Certificate of Status Due:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

**FERNANDEZ, ELOY A.  
780 N.W. LEJEUNE RD., #320  
MIAMI FL 33126**

81 Name: \_\_\_\_\_  
82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83 \_\_\_\_\_  
84 City: \_\_\_\_\_  
85 Zip Code: **FL** \_\_\_\_\_

11. Pursuant to the provisions of Section 619.05(1)(a), F.S., 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 619.05(1), Florida Statutes.

SIGNATURE: \_\_\_\_\_ OFFICERS AND DIRECTORS

12. TITLE: <b>P</b>	<input type="checkbox"/> DELETE	13. 1. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>CRESPO, MANUEL A.</b>		2. NAME: _____	
STREET ADDRESS: <b>3916 S.W. 62ND AVE.</b>		3. STREET ADDRESS: _____	
CITY-STATE-ZIP: <b>MIAMI FL</b>		4. CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>VP</b>	<input type="checkbox"/> DELETE	5. NAME: _____	
NAME: <b>CRESPO, MANUEL L.</b>		6. STREET ADDRESS: _____	
STREET ADDRESS: <b>8375 SW 136TH ST</b>		7. CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP: <b>MIAMI FL</b>		8. NAME: _____	
TITLE: _____	<input type="checkbox"/> DELETE	9. STREET ADDRESS: _____	
NAME: _____		10. CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____		11. NAME: _____	
CITY-STATE-ZIP: _____		12. STREET ADDRESS: _____	
TITLE: _____	<input type="checkbox"/> DELETE	13. CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		14. NAME: _____	
STREET ADDRESS: _____		15. STREET ADDRESS: _____	
CITY-STATE-ZIP: _____		16. CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	<input type="checkbox"/> DELETE	17. NAME: _____	
NAME: _____		18. STREET ADDRESS: _____	
STREET ADDRESS: _____		19. CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP: _____		20. NAME: _____	
TITLE: _____	<input type="checkbox"/> DELETE	21. STREET ADDRESS: _____	
NAME: _____		22. CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____		23. NAME: _____	
CITY-STATE-ZIP: _____		24. STREET ADDRESS: _____	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and correct and only for the purposes stated in Section 619.05(1)(a), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or partnership, empowered to execute this report as required by Chapter 617, Florida Statutes, and if my name appears in Block 12 or Block 13 it is changed or on an attachment to this filing.

SIGNATURE: *Manuel A. Crespo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 305-445-266

CR2E034 (12/95)