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4 MAY 11 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **F38004** **(0)**

1. Corporation Name
DUBE' AND WRIGHT, P.A.

Principal Place of Business	Mailing Address
100 N. BISCAYNE BLVD. MIAMI FL 33132-2305	100 N. BISCAYNE BLVD. MIAMI FL 33132-2305

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/08/1981	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2107061	☐ 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	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DUBE', ROBERT L. 100 N. BISCAYNE BLVD. SUITE 2608, NEW WOLRD TOWER MIAMI FL 33132	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, WILKINSON D	1.2 NAME	
STREET ADDRESS	100 N BISCAYNE BLVD	1.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI, FL 00000	1.4 CITY, ST, ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	DUBE, ROBERT L	2.2 NAME	
STREET ADDRESS	100 N BISCAYNE BLVD	2.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI, FL 00000	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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)(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: Robert L. Dube' 9 MAY 95 3797472

SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR — Date — Telephone Number

ROBERT L. DUBE'

0208487 CP