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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**DOCUMENT # F38334 (1)**  
1. Corporation Name  
**IGNACIO J. ITURRALDE, P.A.**

Principal Place of Business      Mailing Address  
**5711 S.W. 137TH AVE.  
MIAMI FL 33183**      **5711 S.W. 137TH AVE.  
MIAMI FL 33183**

DO NOT WRITE IN THIS SPACE.

|                                |         |                     |         |  |  |
|--------------------------------|---------|---------------------|---------|--|--|
| 2. Principal Place of Business |         | 2a. Mailing Address |         | 3. Date Incorporated or Qualified<br><b>07/28/1981</b>   | 3a. Date of Last Report<br><b>04/21/1994</b>           |
| 21                             |         | 26                  |         | 4. FEI Number<br><b>59-2132272</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                  |
| 22 City & State                |         | 27 City & State     |         | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 23 Zip                         | Country | 28 Zip              | Country | 8. This corporation has liability for intangible tax under S. 199.032,<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 24                             | 25      | 29                  | 30      |  |  |

|   |  |  |  |  |  |           |    |
|---|--|--|--|--|--|-----------|----|
| 9. Name and Address of Current Registered Agent                     |  |  |  | 10. Name and Address of New Registered Agent |  |           |    |
| <b>ITURRALDE, IGNACIO<br/>5711 SW 137 AVENUE<br/>MIAMI FL 33183</b> |  |  |  | 81   | Name   |           |    |
|   |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |           |    |
|   |  |  |  | 83   |  |           |    |
|   |  |  |  | 84   | City   | <b>FL</b> | 85 |

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 of Registered Agent required when registering) (NOTE: Registered Agent signature required when registering)

| 12. OFFICERS AND DIRECTORS |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------|---|---|
| TITLE                      | <b>PVT</b>                | 1 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ITURRALDE, IGNACIO</b> | 1 2 NAME  |   |
| STREET ADDRESS             | <b>5711 SW 137 AVENUE</b> | 1 3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI, FL 00000</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 110.07(3)(b), Florida Statutes. I further certify that the information included on this annual report, together with the 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: *Ignacio J. Iturralde*      **2/27/95**      **387-3232**  
(Signature and Typed or Printed Name of Business Officer or Director)      Date      Telephone