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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:35

DOCUMENT # F77404 (4)

1. Corporation Name
LAW OFFICES OF RALPH DIAZ, P.A.

Principal Place of Business	Mailing Address
1401 UNIVERSITY DR. #302 CORAL SPRINGS FL 33071	1401 UNIVERSITY DR. #302 CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/22/1982
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business
21 8560 NW 29 Drive
Suite, Apt. #, etc. 22
City & State 23 Coral Springs, FL.
Zip 24 33065 County 25 Broward

2a. Mailing Address
26 8560 NW 29 Drive
Suite, Apt. #, etc. 27
City & State 28 Coral Springs, FL.
Zip 29 33065 Country 30 Broward

4. FEI Number: 59-2193571 ☐ 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

DIAZ, RALPH
1401 UNIVERSITY DR. #302
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name: LORRaine Heilig Diaz
82 Street Address (P.O. Box Number is Not Acceptable): 8560 NW 29 Drive
83
84 City: Coral Springs FL 85 Zip Code: 33065

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: Lorraine Heilig Diaz LORRaine Heilig Diaz DATE: 1/19/95
(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	PD	1.1 TITLE	Sole Surviving Stockholder "C" ☐ Change ☐ Addition
NAME	DIAZ, RALPH	1.2 NAME	LORRaine Heilig Diaz
STREET ADDRESS	1401 UNIVERSITY DR. #302	1.3 STREET ADDRESS	8560 NW 29 Drive
CITY-ST-ZIP	CORAL SPRINGS, FL 00000	1.4 CITY-ST-ZIP	Coral Springs, FL. 33065
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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: Lorraine Heilig Diaz 1/19/95 (305) 752-1153
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (Date) (Daytime Phone #)
LORRaine Heilig Diaz "C" Sole Stockholder

0113033 CR