

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95587 (4)

1. Corporation Name

CELTIC INVESTMENT ASSOCIATES, INC.



Principal Place of Business

Mailing Address

**3971 S.W. 8TH STREET, SUITE 209
CORAL GABLES FL 33134**

**3971 S.W. 8TH STREET, SUITE 209
CORAL GABLES FL 33134**

2. Principal Place of Business

2a. Mailing Address

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State, Apt. #, etc.

State, Apt. #, etc.

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City & State

City & State

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

**ALVAREZ, LEONOR
3971 S.W. 8TH STREET
SUITE 209
CORAL GABLES FL 33134**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 is 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

Signature of person performing change (signatures of all the officers and directors) (Print Name and Address of Signer) (Date)

12. OFFICERS AND DIRECTORS

12.1

**D
MONTERO, MANUEL A
3971 S.W. 8TH STREET #209
CORAL GABLES FL 33134**

☐ DELETE

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**DSP
SOLSONA, SYLVIA
3971 S.W. 8TH STREET #209
CORAL GABLES FL 33134**

☐ DELETE

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**D
MONTERO, JUAN F A
3971 S.W. 8TH STREET #209
CORAL GABLES FL 33134**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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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 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 in changed, or on an attachment with an address.

SIGNATURE: *Sylvia Solsona*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sylvia Solsona

2-12-96

Date of Filing

CR2E034 (12/95)