FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 2:46

DOCUMENT # **G04210** **(2)**

1. Corporation Name
MASPONS, GOICOURIA, ESTEVEZ, INC.

Principal Place of Business	Mailing Address
2100 PONCE DE LEON BLVD STE 200 CORAL GABLES FL 33134 US	2100 PONCE DE LEON BLVD STE 200 CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/12/1982**
3a. Date of Last Report: **04/07/1994**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-2229689** ☐ 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

RODRIGUEZ, ROSEMARIE
2100 PONCE DE LEON BLVD
STE 200
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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: ROSEMARIE RODRIGUEZ — DATE: 4/04/95
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	VPD	11 TITLE	VP/S	☐ Change ☒ Addition
NAME	RODRIGUEZ, ROSEMARIE	12 NAME	ESTEVEZ, JOSE L.	
STREET ADDRESS	2100 PONCE DE LEON BOULEVARD, SUITE 200	13 STREET ADDRESS	2100 PONCE DE LEON BLVD., SUITE 200	
CITY-ST-ZIP	CORAL GABLES, FL 00000	14 CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VPT	21 TITLE		☐ Change ☐ Addition
NAME	GOICOURIA, PEDRO A.	22 NAME		
STREET ADDRESS	2100 PONCE DE LEON BOULEVARD - STE 200	23 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 00000	24 CITY-ST-ZIP		
TITLE	P	31 TITLE		☐ Change ☐ Addition
NAME	MASPONS, ERIC	32 NAME		
STREET ADDRESS	2100 PONCE DE LEON BOULEVARD, STE 200	33 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 00000	34 CITY-ST-ZIP		
TITLE	VPD	41 TITLE		☐ Change ☐ Addition
NAME	CONESA, ROLANDO	42 NAME		
STREET ADDRESS	2100 PONCE DE LEON BOULEVARD - STE 200	43 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	44 CITY-ST-ZIP		
TITLE	VPD	51 TITLE		☒ Change ☐ Addition
NAME	MAYA, LUIS E.	52 NAME	NAYA, LUIS E.	
STREET ADDRESS	2100 PONCE DE LEON BLVD., STE 200	53 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	54 CITY-ST-ZIP		
TITLE	VPD	61 TITLE		☐ Change ☐ Addition
NAME	SMITH, ROBERTO A.	62 NAME		
STREET ADDRESS	2100 PONCE DE LEON BOULEVARD, STE. 200	63 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	64 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: _____ 4/04/95 (305) 444-0413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0137082 CP