FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **10/12/1982**
3a. Date of Last Report: **04/10/1995**

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: X **$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: **1/17/96**
Signature of New or Successor Registered Agent, if changing — Name of New Registered Agent (typed or printed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPS ☐ DELETE	11 TITLE	VPD ☐ Change XX Addition
NAME	ESTEVEZ, JOSE L.	12 NAME	Rodriguez, Rosemarie
STREET ADDRESS	2100 PONCE DE LEON BLVD. SUITE 200	13 STREET ADDRESS	2100 Ponce de Leon Blvd. Suite 200
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	Coral Gables, FL
TITLE	VPT ☐ DELETE	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 ☐ DELETE	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 ☐ DELETE	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 XX DELETE	51 TITLE	☐ Change ☐ Addition
NAME	MAYA, LUIS E.	52 NAME	
STREET ADDRESS	2100 PONCE DE LEON BLVD., STE 200	53 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	54 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	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)(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 if changed or added by an attachment with an address.

SIGNATURE: *Eric Maspons* **1/17/96** **(305)444-0413**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ERIC MASPONS, PRESIDENT

CR2E034 (12/95)