

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

2100 PONCE DE LEON BLVD  
STE 200  
CORAL GABLES FL 33134  
US

Mailing Address

2100 PONCE DE LEON BLVD  
STE 200  
CORAL GABLES FL 33134-5215  
US

3. Date Incorporated or Qualified  
10/12/1982

3a. Date of Last Report  
02/08/1996

2. Principal Place of Business

21

Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt #, etc.

27 City & State

28 Zip

Country

29

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

JOSE L. ESTEVEZ

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

2100 Ponce de Leon Blvd.

83

Suite 200

84 City

Coral Gables

FL

85 Zip Code  
33134

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 JOSE L. ESTEVEZ, VPS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPS  
NAME ESTEVEZ, JOSE L.  
STREET ADDRESS 2100 PONCE DE LEON BLVD. SUITE 200  
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE VPT  
NAME GOICOURIA, PEDRO A.  
STREET ADDRESS 2100 PONCE DE LEON BOULEVARD - STE 200  
CITY-ST-ZIP CORAL GABLES, FL 00000

☐ DELETE

TITLE P  
NAME MASPONS, ERIC  
STREET ADDRESS 2100 PONCE DE LEON BOULEVARD, STE 200  
CITY-ST-ZIP CORAL GABLES, FL 00000

☐ DELETE

TITLE VPD  
NAME CONESA, ROLANDO  
STREET ADDRESS 2100 PONCE DE LEON BOULEVARD - STE 200  
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE VPD  
NAME MAYA, LUIS E.  
STREET ADDRESS 2100 PONCE DE LEON BLVD., STE 200  
CITY-ST-ZIP CORAL GABLES FL

☒ DELETE

TITLE VPD  
NAME SMITH, ROBERTO A.  
STREET ADDRESS 2100 PONCE DE LEON BOULEVARD, STE. 200  
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

ERIC MASPONS, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/97 (305) 444-0413

CR2E034 (9/96)