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FILED

Apr 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1982

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes

☐

No

2. Principal Place of Business

21 150 Alhambra Circle

Suite, Apt. #, etc.

22 700

City & State

23 Coral Gables FL

Zip

24 33134

Country

25 Dade

2a. Mailing Address

26 150 Alhambra Circle

Suite, Apt. #, etc.

27 700

City & State

28 Coral Gables, FL

Zip

29 33134

Country

30 Dade

9. Name and Address of Current Registered Agent

ESTEVEZ, JOSE L
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)

150 Alhambra Circle

Suite 700

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

3/16/98

12. OFFICERS AND DIRECTORS

TITLE VPS ☐ DELETE

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

TITLE VPT ☐ DELETE

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

TITLE P ☒ DELETE

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

TITLE VPD ☐ DELETE

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

TITLE VPD ☐ DELETE

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME 150 Alhambra Circle # 700
1.3 STREET ADDRESS Coral Gables, FL 33134
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 150 Alhambra Circle # 700
2.3 STREET ADDRESS Coral Gables, FL 33134
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME 150 Alhambra Circle # 700
3.3 STREET ADDRESS Coral Gables, FL 33134
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME 150 Alhambra Circle # 700
4.3 STREET ADDRESS Coral Gables FL 33134
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME 150 Alhambra Circle # 700
5.3 STREET ADDRESS Coral Gables FL 33134
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 my replacement with an address.

SIGNATURE:

[Signature]

3/16/98

444-0413

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