

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90022 022 \*\*\*158.75

DOCUMENT # G04210

1. Corporation Name

MASPONS, GOICOURIA, ESTEVEZ, INC.

Principal Place of Business

150 ALHAMBRA CIRCLE  
SUITE 700  
CORAL GABLES FL 33134  
US

Mailing Address

150 ALHAMBRA CIRCLE  
SUITE 700  
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 the current year Intangible  
Personal Property Tax.

Yes No

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, 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 ☐ DELETE

NAME ESTEVEZ, JOSE L.  
STREET ADDRESS 150 ALHAMBRA CIRCLE, #700  
CITY-ST-ZIP CORAL GABLES FL

TITLE VPT ☐ DELETE

NAME GOICOURIA, PEDRO A.  
STREET ADDRESS 150 ALHAMBRA CIRCLE #700  
CITY-ST-ZIP CORAL GABLES, FL 00000

TITLE P ☒ DELETE

NAME MASPONS, ERIC  
STREET ADDRESS 150 ALHAMBRA CIRCLE #700  
CITY-ST-ZIP CORAL GABLES, FL 00000

TITLE VPD ☒ DELETE

NAME MAPONS, ERIC  
STREET ADDRESS 150 ALHAMBRA CIRCLE #700  
CITY-ST-ZIP CORAL GABLES FL

TITLE VPD ☐ DELETE

NAME SMITH, ROBERTO A.  
STREET ADDRESS 150 ALHAMBRA CIRCLE #700  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD ☐ Change ☒ Addition

1.2 NAME CONESA, ROLANDO  
1.3 STREET ADDRESS 150 ALHAMBRA CIRCLE #700  
1.4 CITY-ST-ZIP CORAL GABLES FL

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99

Date

Daytime Phone #

CR2E034 (1/98)