SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1986. ANOUNT DUE 98 OR REFORE \$/7/80: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)				
PROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED		
DOCUMENT # G15894		96 DEC 13 PM 12: 45	· · · · · · · · · · · · · · · · · · ·	
1. Corporation Name OSCAR S. RODRIGUEZ, P.A.				
		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Malling	g Address			
l	So. Dixie Highway			
Miami, FL 33133 Miami, FL 33133		3. Date incorporated or Qualified 3a. Date of La	ast Report	
Principal Place of Business	iilina Address	12/13/1982 4. FEI Number	Applied For	
21 20	400 So. Dixie Highw	37 2234000	Not Applicable	
27	%f2e*260	5 Certificate of Status Desired 1 1 7 1	75 Additional e Required	
City & State City	y & State iami, Florida		.00 May Be ded to Fees	
Zip 33133 Country USA Zip USA	33133 Country USA	This corporation has liability for intangible tax under Florida Statutes Yes No	er s. 199.032,	
Name and Address of Current Registere		10. Name and Address of New Registered Agent Rear S. Rodriguez		
OSCAR S. RODRIGUEZ 24.00 CO DEPTE HYCHIAN 82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 200 So. Dixie Highway				
MIAMI, FLORIDA 33133 Suite 200 Miami FL 85 33133				
11. Pursuant with 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, of polity 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 tamular with, and accept the appointment as registered agent. I am tamular with, and accept the appointment as registered agent. I am tamular with, and accept the appointment as registered agent. I am tamular with, and accept the appointment as registered agent. I am tamular with a second control of the purpose of changing its registered agent. I am tamular with a second control of the purpose of changing its registered agent. I am tamular with a second control of the purpose of changing its registered agent. I am tamular with a second control of the purpose of changing its registered agent. I am tamular with a second control of the purpose of changing its registered agent. I am tamular with a second control of the purpose of changing its registered agent. I am tamular with a second control of the purpose of changing its registered agent. I am tamular with a second control of the purpose of changing its registered agent. I am tamular with a second control of the purpose of changing its registered agent. I am tamular with a second control of the purpose of changing its registered agent. I am tamular with a second control of the purpose of changing its registered agent.				
office or registered agent, on both, in the State of Florida, S	uch change was authorized by the co	d corporation submits this statement for the purpose of changing rporation's board of directors. I hereby accept the appointment is	g its registered as registered	
office or registrated agent, o'Aboth, in the State of Florida. S agent. I am lamilar with, and accept the obligations of, Sec SIGNATURE	uch change was authorized by the creation 607.0505, Florida Statutes.	rporation's board of directors. I hereby accept the appointment	g its registered as registered	
office or registrated agent, o'Aboth, in the State of Florida. Sagent. I am tampilar with, and accept the obligations of, Sec SIGNATURE Signature hoped or printed name of postered agent and the florida. OFFICERS AND DIRECTOR	uch change was authorized by the coction 607.0505, Florida Statutes. (NOTE: Registered Agent signs RS 13.	rporation's board of directors. I hereby accept the appointment a Lure required when rainstating) OATE ADDITIONS/CHANGES TO OFFICERS AND DIRECT	as registered	
office or rechtered agent, or both, in the State of Florida. Sagent. I am tamular with, and coupt the obligations of, Sec SIGNATURE Signature hipsed or printed name of egistered agent and the it apply 12. OFFICERS AND DIRECTOR TITLE NAME OCCUPY FOR TOWAY	uch change was authorized by the cotion 607.0505, Florida Statures. (NOTE: Registered Agent signs RS 13. DELETE 1.1 TITLE 1.2 NAME	rporation's board of directors. I hereby accept the appointment a	as registered	
office or rechtered agent, or both, in the State of Florida. Sagent. I am tamilar with, and count the obligations of, Sec SIGNATURE Signature hoped or printed nerve or projectered agent angling if apply 12. OFFICERS AND DIRECTOR TITLE NAME STREET ADDRESS 2400 S. DIXIC HW., SW.	uch change was authorized by the coction 607.0505, Florida Statutes. (NOTE: Registered Agent signs RS 13. 11 TITLE 12 NAME 1.3 STREET ADDRES	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	as registered	
office or rechteteled agent, of both, in the State of Florida. See SIGNATURE Signature Signature Dispersion of Printed name of positive agent and the Paper of Printed name of positive agent and the Paper of Printed name of positive agent and the Paper of Printed name o	uch change was authorized by the cotion 607.0505, Florida Statutes. III. III. III. III. III. III. III. I	ure required when rainstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECT Chart 50000203203203	TORS IN 12 nge	
office or rechteteled agent, of both, in the State of Florida. See signature Signature Signature Signature Signature Displayed or printed name of postered agent and fifth if applied to the signature of the si	uch change was authorized by the coction 607.0505, Florida Statutes. (NOTE: Registered Agent signs RS 13. 1:1 TITLE 12 NAME 1:3 STREET ADDRES 1.4 CITY - ST-ZIP	s s s s s s s s s s s s s s s s s s s	TORS IN 12 nge	
office or rechtered agent, of both, in the State of Florida. See agent. I am tamiliar with, and coupt the obligations of, See SIGNATURE Signature hipped or printed name of existence agent analyse if applications. The state of Florida. Signature hipped or printed name of existence agent analyse if applications. The state of Florida. Signature hipped or printed name of existence agent analyse if applications. The state of Florida. Signature hipped or printed name of existence agent analyse is application. The state of Florida. Signature hipped or printed name of existence agent analyse is applications. Signature hipped or printed name of existence agent analyse is applications. OF Florida. Signature hipped or printed name of existence agent analyse is application. OF Florida. Signature hipped or printed name of existence agent analyse is applications. OF Florida. Signature hipped or printed name of existence agent analyse is application. OF Florida. Signature hipped or printed name of existence agent analyse is application. OF Florida. Signature hipped or printed name of existence agent analyse is application. OF Florida. Signature hipped or printed name of existence agent analyse is application. OF Florida. Signature hipped or printed name of existence agent analyse is application. OF Florida. Signature hipped or printed name of existence agent analyse is application. OF Florida. Signature hipped or printed name of existence agent analyse is application. OF Florida. Signature hipped or printed name of existence agent analyse is application. OF Florida. Signature hipped or printed name of existence agent analyse is application. OF Florida. Signature hipped or printed name of existence agent analyse is application. OF Florida. Signature hipped or printed name of existence agent analyse is application. OF Florida. Signature hipped or printed name of existence agent analyse is application. OF Florida. Signature hipped or printed name of existence agent analyse is application. OF Florida. Signature hipped or printed	uch change was authorized by the cotion 607.0505, Florida Statutes. IIICADE (NOTE: Registered Agent signs RS 13. 13. TITLE 12 NAME 1.3 STREET ADDRES 1.4 CITY - ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY - ST-ZIP 2.5 STREET ADDRES 2.5 STREET ADDRES 2.4 CITY - ST-ZIP 2.5 STREET ADDRES 2.5	Interrequired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECT Charter 12/18/96-011119- ****200.00 ****	TORS IN 12 nge Addition *200.00 Addition	
office or rechtered agent, of both, in the State of Florida. Sagent. I am tamiliar with, and scope the obligations of, Sec SIGNATURE Signatural hyper or printed name of positioned agent and fifty if apply the obligations of the sagent and fifty if apply the sagent and fifty in the	uch change was authorized by the cotion 607.0505, Florida Statutes. INOTE: Registered Agent signs RS 13. DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRE 2.4 CITY-ST-ZIP DELETE 3.1 TITLE 3.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECT Charters with the required when reinstating) Solid Directors. Thereby accept the appointment of the required when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS AND DIRECT Charters are considered by the result of the required when reinstating) Charters are required when reinstating are required with a required when reinstating are required with a required when representation are required when representati	TORS IN 12 nge	
office or rechtered agent, of both, in the State of Florida. See agent. I am tamiliar with, and scope the obligations of, See SIGNATURE Signature hipped or printed name of pojetared agent analytic if apply the state of the second seed agent analytic is applying the second seed agent analytic in applying the second seed agent analytic in applying the second seed agent analytic in the state of Florida. See SIGNATURE 12. OFFICERS AND DIRECTOR STREET ADDRESS CITY-ST-ZIP TITLE	uch change was authorized by the cotion 607.0505, Florida Statutes. (NOTE: Registered Agent signs RS 13. DELETE 1.1 TITLE 12 NAME 1.3 STREET ADDRE: 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRE: 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRE: 3.3 STREET ADDRE: 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRE: 3.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECT Charters with the required when reinstating) Solid Directors. Thereby accept the appointment of the required when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS AND DIRECT Charters are considered by the result of the required when reinstating) Charters are required when reinstating are required with a required when reinstating are required with a required when representation are required when representati	TORS IN 12 Inge	
office or reclassed agent, of both, in the State of Florida. See agent. I am tamiliar with, and accept the obligations of, See SIGNATURE Signatural hyper or printed name of pojetared agent and fifty if apply the see agent and fift	uch change was authorized by the cotion 607.0505, Florida Statutes. INOTE: Registered Agent signs RS 13. PELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRE 2.4 CITY-ST-ZIP DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRE 3.3 STREET ADDRE	ADDITIONS/CHANGES TO OFFICERS AND DIRECT Charters with the required when reinstating) Solid Directors. Thereby accept the appointment of the required when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS AND DIRECT Charters are considered by the result of the required when reinstating) Charters are required when reinstating are required with a required when reinstating are required with a required when representation are required when representati	TORS IN 12 Inge	
office or reconstrained agent, of both, in the State of Florida. Signature with, and accept the obligations of, Sec SIGNATURE Signature hyper or printed name of pojutated agent and the it apply to printed name of pojutated agent and the it apply to printed name of pojutated agent and the it apply to printed name of pojutated agent and the it apply to printed name of pojutated agent and the it apply to printed name of pojutated agent and the pojutated agent	uch change was authorized by the cotion 607.0505, Florida Statures. ICACHE (NOTE: Registered Agent signs RS 13. PR 13. PR 13. PR 12. NAME 1.3 STREET ADDRE 2.4 CITY-ST-ZIP DELETE 2.1 TITLE 3.2 NAME 3.3 STREET ADDRE 3.4 CITY-ST-ZIP DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRE 4.3 STREET ADDRE 4.3 STREET ADDRE	ADDITIONS/CHANGES TO OFFICERS AND DIRECT Charters and Cha	TORS IN 12 Inge	
office or reconstrained agent, of both, in the State of Florida. Signature with, and accept the obligations of, Sec SIGNATURE Signature hyper or printed name of pojettered agent and the it apply 12. OFFICERS AND DIRECTOR TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	uch change was authorized by the cotion 607.0505, Florida Statures. III. IIIILE 12. NAME 13. 11.1 IIILE 12. NAME 1.3. STREET ADDRE 2.4 CITY-ST-ZIP DELETE DELETE DELETE 1.1 TITLE 3.2 NAME 2.3 STREET ADDRE 3.4 CITY-ST-ZIP DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRE 4.4 CITY-ST-ZIP DELETE DELETE 5.1 TITLE 4.2 NAME 4.3 STREET ADDRE 4.4 CITY-ST-ZIP DELETE DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRE 3.3 STREET ADDRE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRE 5.1 TITLE	Interrequired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECT Character of the control of the contr	TORS IN 12 nge	
office or reconstrained agent, of both, in the State of Florida. See agent. I am tamplar with, and accept the obligations of, See SIGNATURE Signatural hyper or printed name of pojulatered agent and the it apply to printed name of pojulatered agent and the it apply to printed name of pojulatered agent and the it apply to printed name of pojulatered agent and the it apply to printed name of pojulatered agent and the important populations of, Sec SIGNATURE STREET ADDRESS CITY-ST-ZIP TITULE MAME STREET ADDRESS CITY-ST-ZIP TITY TIT	uch change was authorized by the coction 607.0505, Florida Statutes. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Interrequired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECT Character of the control of the contr	TORS IN 12 nge	
office or reclassed agent, of both, in the State of Florida. See agent. I am tamplar with, and coupt the obligations of, See SIGNATURE Signature hyper or printed nerve of registered agent and the it apply to the policy of t	uch change was authorized by the cotion 607.0505, Florida Statures. III. IIII.E 12. NAME 13. IIII.E 12. NAME 13. STREET ADDRE 24. CITY-ST-ZIP DELETE DELETE DELETE 1.1 TITLE 22. NAME 23. STREET ADDRE 33. STREET ADDRE 41. TITLE 42. NAME 43. STREET ADDRE 44. CITY-ST-ZIP DELETE DELETE 4. TITLE 4. STREET ADDRE 5. TITLE 5. NAME	S Char Char	TORS IN 12 TORS I	
office or reclassed agent, of both, in the State of Florida. See agent. I am tamplar with, and coupt the obligations of, See SIGNATURE Signature hyper or printed nerve of registered agent and the it applies to printed nerve of registered agent and the it applies to printed nerve of registered agent and the it applies to printed nerve of registered agent and the it applies to printed nerve of registered agent and the it applies to printed nerve of registered agent and the it applies to printed nerve of registered agent and the it applies to printed nerve of registered agent and the it applies to printed nerve of registered agent and the item of the printed nerve of registered agent and the printed name of registered agent and the item of the printed name of registered agent and the item of the printed name of registered agent and the printed name of registered agent and the printed agent and the printed name of registered name of re	uch change was authorized by the cotion 607.0505, Florida Statures. ICACTE Registered Agent signs RS 13. PELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRE 2.3 STREET ADDRE 2.4 CITY - ST - ZIP 2.1 TITLE 3.2 NAME 3.3 STREET ADDRE 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRE 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 4.5 STREET ADDRE 5.4 CITY - ST - ZIP 6.3 STREET ADDRE 5.4 CITY - ST - ZIP 6.3 STREET ADDRE 5.4 CITY - ST - ZIP 6.3 STREET ADDRE 5.4 CITY - ST - ZIP 6.3 STREET ADDRE 5.4 CITY - ST - ZIP 6.3 STREET ADDRE 5.4 CITY - ST - ZIP 6.3 STREET ADDRE 5.4 CITY - ST - ZIP 6.3 STREET ADDRE 5.4 CITY - ST - ZIP 6.3 STREET ADDRE 5.4 CITY - ST - ZIP 6.3 STREET ADDRE 5.4 CITY - ST - ZIP 6.3 STREET ADDRE 6.3 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECT Charts STATE Cha	TORS IN 12 TORS I	
office or reclassed agent, of both, in the State of Florida. Signatural with, and countries the obligations of, Sec SIGNATURE Signatural hoped or printed nerve or posistered agent angles, it applies to the state of the poligations of, Sec SIGNATURE 12. OFFICERS AND DIMEOSO TITLE NAME STREET ADDRESS CITY-ST-ZP	UCH Change was authorized by the ciction 607.0505, Florida Statutes. ICACO TO THE REQUISION AGENT SIGNAL STREET ADDRESS TO THE STREET ADDRESS TREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECT ADDITIONS/CHANGES TO OFFICERS AND DIRECT Charts as a series of the country of the cou	TORS IN 12 nge	
office or rechtered agent, of both, in the State of Florida. See agent. I am tamiliar with, and coupt the obligations of, See SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SITUE NAME STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS	uch change was authorized by the cotion 607.0505, Florida Statures. ICATO TO THE Registered Agent signs RS 13. ILLIANAME 1.1 TITLE 1.2 NAME 1.3 STREET ADDRE 2.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.5 TITLE 1.5 NAME 1.5 STREET ADDRE 1.4 CITY-ST-ZIP 1.5 TITLE 1.5 NAME 1.5 STREET ADDRE	ADDITIONS/CHANGES TO OFFICERS AND DIRECT Charts STORY CONTROL CHARTS STO	TORS IN 12 TORS I	
office or rechtered agent, of both, in the State of Florida. See agent. I am tamiliar with, and coupt the obligations of, See SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SITUE NAME STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS	uch change was authorized by the ciction 607.0505, Florida Statures. ICACO TOTE: Registered Agent signs IS. 13. 13. 13. 12. 13. 13. 13. 14. CITY - ST - ZIP DELETE 21. TITLE 22. NAME 23. STREET ADDRE: 24. CITY - ST - ZIP DELETE 31. TITLE 32. NAME 33. STREET ADDRE: 34. CITY - ST - ZIP DELETE 41. TITLE 42. NAME 43. STREET ADDRE: 44. CITY - ST - ZIP DELETE 51. TITLE 52. NAME 43. STREET ADDRE: 54. CITY - ST - ZIP DELETE 61. TITLE 62. NAME 63. STREET ADDRE: 54. CITY - ST - ZIP DELETE 61. TITLE 62. NAME 63. STREET ADDRE: 64. CITY - ST - ZIP ing is voluntarily furnished and does report or supplemental annual report or supplemental annual report or the receiver or trustee em	ADDITIONS/CHANGES TO OFFICERS AND DIRECT STORY ADDITIONS/CHANGES TO OFFICERS AND DIRECT Charges STORY ADDITIONS/CHANGES TO OFFICERS AND DIRECT CHARGES T	TORS IN 12 TORS I	