

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 9:48

DOCUMENT # **G81961** (6)

1. Corporation Name
JORGE A. GISPERT, P.A.

Principal Place of Business
1320 S DIXIE HWY
STE 902
CORAL GABLES FL 33146
US

Mailing Address
1320 S DIXIE HWY
STE 902
CORAL GABLES FL 33146
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/22/1983

3a. Date of Last Report
01/31/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 4728 ORDUNA DRIVE	26 4728 ORDUNA DRIVE	59-2366346	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State Coral Gables, FL	28 City & State CORAL GABLES FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 33146	25 Country	29 Zip 33146	30 Country
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GISPERT, JORGE A., ESQ. 1320 S DIXIE HWY STE 902 CORAL GABLES FL 33146		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	4728 ORDUNA DRIVE
		B3	CORAL GABLES
		B4 City	FL
		B5 Zip Code	33146

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GISPERT, JORGE A.	1.2 NAME	
STREET ADDRESS	1320 S DIXIE HWY, STE 902	1.3 STREET ADDRESS	4728 ORDUNA DRIVE
CITY-ST-ZIP	CORAL GABLES-FL	1.4 CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GISPERT, JORGE A.	2.2 NAME	
STREET ADDRESS	1320 S DIXIE HWY	2.3 STREET ADDRESS	4728 ORDUNA DRIVE
CITY-ST-ZIP	CORAL GABLES-FL	2.4 CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	ST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GISPERT, TANIA	3.2 NAME	Jorge A. Gispert
STREET ADDRESS	1320 S DIXIE HWY, STE 902	3.3 STREET ADDRESS	4728 ORDUNA DR.
CITY-ST-ZIP	CORAL GABLES-FL	3.4 CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 on an attachment with an address.

SIGNATURE: _____ DATE: **5-24-95** CHARTER NUMBER: **305-661-1044**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JORGE A. GISPERT