

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J33011

(4)

1. Corporation Name

ESCOVAR ASSOCIATES, INC.



Principal Place of Business

8720 N. KENDALL
SUITE 202
MIAMI FL 33176
US

Mailing Address

7661 S.W. 144 TERRACE
MIAMI FL 33158

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

ESCOVAR, PEGGY LYNN
7661 S.W. 144 TERRACE
MIAMI FL 33158

81. Name

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

83.

84. City

FL

85. Zip Code

10. Name and Address of New Registered Agent

3. Date Incorporated or Qualified
09/05/1986

3a. Date of Last Report
02/03/1995

4. FEI Number
59-2731302

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

11. Pursuant to the provisions of Sections 607.02(2) and 607.15(6), 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 607.04(4), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Officer or Director

DATE

12. OFFICERS AND DIRECTORS

NAME	DELETE
11. NAME 12. ADDRESS 13. CITY, ST., ZIP	☐
14. NAME 15. ADDRESS 16. CITY, ST., ZIP	☐
17. NAME 18. ADDRESS 19. CITY, ST., ZIP	☐
20. NAME 21. ADDRESS 22. CITY, ST., ZIP	☐
23. NAME 24. ADDRESS 25. CITY, ST., ZIP	☐
26. NAME 27. ADDRESS 28. CITY, ST., ZIP	☐
29. NAME 30. ADDRESS 31. CITY, ST., ZIP	☐
32. NAME 33. ADDRESS 34. CITY, ST., ZIP	☐
35. NAME 36. ADDRESS 37. CITY, ST., ZIP	☐
38. NAME 39. ADDRESS 40. CITY, ST., ZIP	☐
41. NAME 42. ADDRESS 43. CITY, ST., ZIP	☐
44. NAME 45. ADDRESS 46. CITY, ST., ZIP	☐
47. NAME 48. ADDRESS 49. CITY, ST., ZIP	☐
50. NAME 51. ADDRESS 52. CITY, ST., ZIP	☐
53. NAME 54. ADDRESS 55. CITY, ST., ZIP	☐
56. NAME 57. ADDRESS 58. CITY, ST., ZIP	☐
59. NAME 60. ADDRESS 61. CITY, ST., ZIP	☐
62. NAME 63. ADDRESS 64. CITY, ST., ZIP	☐
65. NAME 66. ADDRESS 67. CITY, ST., ZIP	☐
68. NAME 69. ADDRESS 70. CITY, ST., ZIP	☐
71. NAME 72. ADDRESS 73. CITY, ST., ZIP	☐
74. NAME 75. ADDRESS 76. CITY, ST., ZIP	☐
77. NAME 78. ADDRESS 79. CITY, ST., ZIP	☐
80. NAME 81. ADDRESS 82. CITY, ST., ZIP	☐
83. NAME 84. ADDRESS 85. CITY, ST., ZIP	☐
86. NAME 87. ADDRESS 88. CITY, ST., ZIP	☐
89. NAME 90. ADDRESS 91. CITY, ST., ZIP	☐
92. NAME 93. ADDRESS 94. CITY, ST., ZIP	☐
95. NAME 96. ADDRESS 97. CITY, ST., ZIP	☐
98. NAME 99. ADDRESS 100. CITY, ST., ZIP	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	DELETE	CHANGE	ADDITION
11. NAME 12. ADDRESS 13. CITY, ST., ZIP	☐	☐	☐
14. NAME 15. ADDRESS 16. CITY, ST., ZIP	☐	☐	☐
17. NAME 18. ADDRESS 19. CITY, ST., ZIP	☐	☐	☐
20. NAME 21. ADDRESS 22. CITY, ST., ZIP	☐	☐	☐
23. NAME 24. ADDRESS 25. CITY, ST., ZIP	☐	☐	☐
26. NAME 27. ADDRESS 28. CITY, ST., ZIP	☐	☐	☐
29. NAME 30. ADDRESS 31. CITY, ST., ZIP	☐	☐	☐
32. NAME 33. ADDRESS 34. CITY, ST., ZIP	☐	☐	☐
35. NAME 36. ADDRESS 37. CITY, ST., ZIP	☐	☐	☐
38. NAME 39. ADDRESS 40. CITY, ST., ZIP	☐	☐	☐
39. NAME 40. ADDRESS 41. CITY, ST., ZIP	☐	☐	☐
40. NAME 41. ADDRESS 42. CITY, ST., ZIP	☐	☐	☐
41. NAME 42. ADDRESS 43. CITY, ST., ZIP	☐	☐	☐
42. NAME 43. ADDRESS 44. CITY, ST., ZIP	☐	☐	☐
43. NAME 44. ADDRESS 45. CITY, ST., ZIP	☐	☐	☐
44. NAME 45. ADDRESS 46. CITY, ST., ZIP	☐	☐	☐
45. NAME 46. ADDRESS 47. CITY, ST., ZIP	☐	☐	☐
46. NAME 47. ADDRESS 48. CITY, ST., ZIP	☐	☐	☐
47. NAME 48. ADDRESS 49. CITY, ST., ZIP	☐	☐	☐
48. NAME 49. ADDRESS 50. CITY, ST., ZIP	☐	☐	☐
49. NAME 50. ADDRESS 51. CITY, ST., ZIP	☐	☐	☐
50. NAME 51. ADDRESS 52. CITY, ST., ZIP	☐	☐	☐
51. NAME 52. ADDRESS 53. CITY, ST., ZIP	☐	☐	☐
52. NAME 53. ADDRESS 54. CITY, ST., ZIP	☐	☐	☐
53. NAME 54. ADDRESS 55. CITY, ST., ZIP	☐	☐	☐
54. NAME 55. ADDRESS 56. CITY, ST., ZIP	☐	☐	☐
55. NAME 56. ADDRESS 57. CITY, ST., ZIP	☐	☐	☐
56. NAME 57. ADDRESS 58. CITY, ST., ZIP	☐	☐	☐
57. NAME 58. ADDRESS 59. CITY, ST., ZIP	☐	☐	☐
58. NAME 59. ADDRESS 60. CITY, ST., ZIP	☐	☐	☐
59. NAME 60. ADDRESS 61. CITY, ST., ZIP	☐	☐	☐
60. NAME 61. ADDRESS 62. CITY, ST., ZIP	☐	☐	☐
61. NAME 62. ADDRESS 63. CITY, ST., ZIP	☐	☐	☐
62. NAME 63. ADDRESS 64. CITY, ST., ZIP	☐	☐	☐
63. NAME 64. ADDRESS 65. CITY, ST., ZIP	☐	☐	☐
64. NAME 65. ADDRESS 66. CITY, ST., ZIP	☐	☐	☐
65. NAME 66. ADDRESS 67. CITY, ST., ZIP	☐	☐	☐
66. NAME 67. ADDRESS 68. CITY, ST., ZIP	☐	☐	☐
67. NAME 68. ADDRESS 69. CITY, ST., ZIP	☐	☐	☐
68. NAME 69. ADDRESS 70. CITY, ST., ZIP	☐	☐	☐
69. NAME 70. ADDRESS 71. CITY, ST., ZIP	☐	☐	☐
70. NAME 71. ADDRESS 72. CITY, ST., ZIP	☐	☐	☐
71. NAME 72. ADDRESS 73. CITY, ST., ZIP	☐	☐	☐
72. NAME 73. ADDRESS 74. CITY, ST., ZIP	☐	☐	☐
73. NAME 74. ADDRESS 75. CITY, ST., ZIP	☐	☐	☐
74. NAME 75. ADDRESS 76. CITY, ST., ZIP	☐	☐	☐
75. NAME 76. ADDRESS 77. CITY, ST., ZIP	☐	☐	☐
76. NAME 77. ADDRESS 78. CITY, ST., ZIP	☐	☐	☐
77. NAME 78. ADDRESS 79. CITY, ST., ZIP	☐	☐	☐
78. NAME 79. ADDRESS 80. CITY, ST., ZIP	☐	☐	☐
79. NAME 80. ADDRESS 81. CITY, ST., ZIP	☐	☐	☐
80. NAME 81. ADDRESS 82. CITY, ST., ZIP	☐	☐	☐
81. NAME 82. ADDRESS 83. CITY, ST., ZIP	☐	☐	☐
82. NAME 83. ADDRESS 84. CITY, ST., ZIP	☐	☐	☐
83. NAME 84. ADDRESS 85. CITY, ST., ZIP	☐	☐	☐
84. NAME 85. ADDRESS 86. CITY, ST., ZIP	☐	☐	☐
85. NAME 86. ADDRESS 87. CITY, ST., ZIP	☐	☐	☐
86. NAME 87. ADDRESS 88. CITY, ST., ZIP	☐	☐	☐
87. NAME 88. ADDRESS 89. CITY, ST., ZIP	☐	☐	☐
88. NAME 89. ADDRESS 90. CITY, ST., ZIP	☐	☐	☐
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90. NAME 91. ADDRESS 92. CITY, ST., ZIP	☐	☐	☐
91. NAME 92. ADDRESS 93. CITY, ST., ZIP	☐	☐	☐
92. NAME 93. ADDRESS 94. CITY, ST., ZIP	☐	☐	☐
93. NAME 94. ADDRESS 95. CITY, ST., ZIP	☐	☐	☐
94. NAME 95. ADDRESS 96. CITY, ST., ZIP	☐	☐	☐
95. NAME 96. ADDRESS 97. CITY, ST., ZIP	☐	☐	☐
96. NAME 97. ADDRESS 98. CITY, ST., ZIP	☐	☐	☐
97. NAME 98. ADDRESS 99. CITY, ST., ZIP	☐	☐	☐
98. NAME 99. ADDRESS 100. CITY, ST., ZIP	☐	☐	☐

14. I 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 and data in 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. I am an officer or director of this corporation, or the officer or director authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed. I am not a shareholder with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis A. Escovar 01/14/96 (305) 586-1828

CR2E034 (12/95)