

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 08 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # J41600

(4)

RICHARD ESCOBAR, P.A.



Principal Place of Business: 2708 W. KENNEDY BLVD. TAMPA FL 33609  
 Mailing Address: 2708 W. KENNEDY BLVD. TAMPA FL 33609

2. Principal Place of Business: 21. State: Apt. # etc. 22. City & State. 23. Zip. Country. 24. 2a. Mailing Address: 26. State, Apt. # etc. 27. City & State. 28. Zip. Country. 29. 30.

9. Name and Address of Current Registered Agent

ESCOBAR, RICHARD  
 2708 W. KENNEDY BLVD.  
 TAMPA FL 33609

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 FL 85 Zip Code

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/1986  
 4. FEI Number: 59-2739654 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 [X] No [ ]  
 10. Name and Address of New Registered Agent

11. Pursuant to the provisions of sections 607.0102 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered principal place of business 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 understand with a change of the obligations of section 607.0105, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS:  
 PD ESCOBAR, RICHARD 2708 W. KENNEDY BLVD. TAMPA FL  
 VP RAMIREZ, CARLOS 2708 W. KENNEDY BLVD TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 14. NAME [ ] Change [ ] Addition  
 15. STREET ADDRESS [ ] Change [ ] Addition  
 16. CITY STATE ZIP [ ] Change [ ] Addition  
 17. NAME [ ] Change [ ] Addition  
 18. STREET ADDRESS [ ] Change [ ] Addition  
 19. CITY STATE ZIP [ ] Change [ ] Addition  
 20. NAME [ ] Change [ ] Addition  
 21. STREET ADDRESS [ ] Change [ ] Addition  
 22. CITY STATE ZIP [ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), Florida Statutes. I further certify that the information included in this annual report or supplement of 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 prior attachment, if an address.

SIGNATURE: [Signature]

9/29/98

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