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

APPROVED AND FILED

95 APR 28 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001473565
-05/03/95--01113--008
****200.00 ****200.00

DOCUMENT # K19612 (6)

1. Corporation Name

CORZO CASTELLA CARBALLO THOMPSON SALMAN, P.A.

Principal Place of Business	Mailing Address
901 Ponce de Leon Blvd. Suite 900 Coral Gables, Fl 33134	901 Ponce de Leon Blvd. Suite 900 Coral Gables, Fl 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1988
3a. Date of Last Report: 02/25/94

2. Principal Place of Business
21 Same
Suite/Apt #, etc 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 Same
Suite, Apt #, etc 27
City & State 28
Zip 29 Country 30

4. FEI Number: 65-0039493 ☐ 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

9. Name and Address of Current Registered Agent

CORZO, JORGE E.
1240 S.W. 19th Street
Miami, Florida 33145

10. Name and Address of New Registered Agent

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

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	SALMAN, Javier F.	12 NAME	500001473565
STREET ADDRESS	5905 SW 28th Street	13 STREET ADDRESS	-05/03/95--01113--009
CITY ST ZIP	Miami, Florida 33155	14 CITY ST ZIP	******8.75 ******8.75
TITLE	V/D	21 TITLE	☐ Change ☐ Addition
NAME	CASTELLA, Ramon	22 NAME	
STREET ADDRESS	5911 SW 29th Street	23 STREET ADDRESS	
CITY ST ZIP	Miami, Florida 33155	24 CITY ST ZIP	
TITLE	T/S/D	31 TITLE	☐ Change ☐ Addition
NAME	CARBALLO, Robert T.	32 NAME	
STREET ADDRESS	10850 SW 63rd Street	33 STREET ADDRESS	
CITY ST ZIP	Miami, Florida 33173	34 CITY ST ZIP	
TITLE	V/D	41 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, LeRoy E.	42 NAME	
STREET ADDRESS	5860 SW 89th Place	43 STREET ADDRESS	
CITY ST ZIP	Miami, Florida 33173	44 CITY ST ZIP	
TITLE	P/D	51 TITLE	☐ Change ☐ Addition
NAME	CORZO, Jorge E.	52 NAME	
STREET ADDRESS	1240 SW 19th Street	53 STREET ADDRESS	4/28/95 MB
CITY ST ZIP	Miami, Florida 33145	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: LeRoy E. Thompson 4-20-95 (305) 445-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #