

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K22216 (1)

1. Corporation Name

DE PABLO AND ASSOCIATES, INC.



Principal Place of Business

Mailing Address

13501 S.W. 108TH STREET CIRCLE NORTH
MIAMI FL 33186

13501 S.W. 108TH STREET CIRCLE NORTH
MIAMI FL 33186

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE PABLO CH., FRANCISCO
13501 S. W. 108TH STREET CIRCLE NORTH
MIAMI FL 33186

81 Name DE PABLO AND ASSOCIATES, INC.
82 Street Address (P.O. Box Number is Not Acceptable)
2287 N.W. 102 PLACE
83
84 City MIAMI FL 85 Zip Code 33172

11. Pursuant to the provisions of Sections 607.0601 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

Signature filed on 4/13/96 and signed by me and for the corporation.

(Will be Registered Agent Signature required when reappointing)

DATE

Francisco de Pablo (PRESIDENT)

4/13/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME DE PABLO CH., FRANCISCO
STREET ADDRESS 13501 SW 108TH STREET CIRCLE NORTH
CITY-STATE-ZIP MIAMI FL 33186

TITLE T
NAME FERNANDEZ, MARIA O
STREET ADDRESS 13501 SW 108TH STREET CIRCLE NORTH
CITY-STATE-ZIP MIAMI FL 33186

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

000001798980
-04/29/96--01072--015
***200.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

Date

Daytime Phone #

CS 4/28/96

CR2E034 (12/95)