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 MAY -1 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K45883 (1)

1. Corporation Name
BENITEZ AND FIGUERAS, P.A.

Principal Place of Business
~~2500 SW 107 AVE~~
~~SUITE 25~~
~~MIAMI FL 33165~~

Mailing Address
P O BOX 651937
~~SUITE 25~~
MIAMI FL 33265
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1988
3a. Date of Last Report: 05/24/1994
4. FEI Number: 65-0164262 — 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

2. Principal Place of Business	2a. Mailing Address
21 1550 MADRUGA AVE.	26 P.O. BOX 651937
Suite, Apt. #, etc. 22 510	Suite, Apt. #, etc. 27
City & State 23 CORAL GABLES, FL	City & State 28 MIAMI, FL
Zip 24 33146 — Country 25 US	Zip 29 33265 — Country 30 US

9. Name and Address of Current Registered Agent

BENITEZ, ALBERTO
~~2500 SW 107 AVE~~
~~SUITE 25~~
~~MIAMI FL 33165~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 10425 SW 22 ST
83
84 City MIAMI FL 85 Zip Code 33165

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 [signature] ALBERTO BENITEZ 4/25/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	☒ Change ☐ Addition
NAME	BENITEZ, ALBERTO	1 NAME	
STREET ADDRESS	~~2500 SW 107 AVE #25~~	1 STREET ADDRESS	10425 S.W. 22 ST
CITY-ST-ZIP	~~MIAMI FL~~	1 CITY-ST-ZIP	MIAMI FL 33165
TITLE	STD	2 TITLE	☒ Change ☐ Addition
NAME	FIGUERAS, JUAN A.	2 NAME	
STREET ADDRESS	~~2500 SW 107 AVE #25~~	2 STREET ADDRESS	1550 MADRUGA AVE # 510
CITY-ST-ZIP	~~MIAMI FL~~	2 CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: [signature] ALBERTO BENITEZ 4/25/95 305-221-4175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0432070 FP