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 # **K54623** **(9)**

1. Corporation Name

IVAN A. GOMEZ, P.A.

Principal Place of Business	Mailing Address
601 BRICKELL KEY DR. #507 MIAMI FL 33131 US	601 BRICKELL KEY DR. #507 MIAMI FL 33131 US

3. Date Incorporated or Qualified: **12/29/1988**
3a. Date of Last Report: **04/11/1995**
4. FEI Number: **65-0098974** ☐ 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
21 | 22 Suite, Apt. #, etc. | 23 City & State | 24 Zip | 25 Country

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

9. Name and Address of Current Registered Agent

GOMEZ, IVAN A.
601 BRICKELL KEY DR.
#507
MIAMI FL 33131

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 Section 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(S) Date

12. OFFICERS AND DIRECTORS

PD
GOMEZ, IVAN A.
601 BRICKELL KEY DR. #507
MIAMI FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	2 TITLE	3 TITLE
1 NAME	2 NAME	3 NAME
1 STREET ADDRESS	2 STREET ADDRESS	3 STREET ADDRESS
1 CITY ST ZIP	2 CITY ST ZIP	3 CITY ST ZIP
☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition

4 TITLE	5 TITLE	6 TITLE
4 NAME	5 NAME	6 NAME
4 STREET ADDRESS	5 STREET ADDRESS	6 STREET ADDRESS
4 CITY ST ZIP	5 CITY ST ZIP	6 CITY ST ZIP
☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition

14. To the best of my knowledge, this entire document is typed with this font, 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 attached sheet, with an address.

SIGNATURE: _____ Ivan A. Gomez 2/9/96 (305) 371-9213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)