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 10 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L47127** **(0)**

1. Corporation Name
GABRIEL M. SANCHEZ, P.A.

Principal Place of Business	Mailing Address
C/O GABRIEL M. SANCHEZ 999 PONCE DE LEON BLVD. SUITE 1040 CORAL GABLES FL 33134	C/O GABRIEL M. SANCHEZ 999 PONCE DE LEON BLVD. SUITE 1040 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/29/1990
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business	2a. Mailing Address
21 9555 N. Kendall Dr. #220	26 9555 N. Kendall Dr.
Suite, Apt. #, etc. 22 #200	Suite, Apt. #, etc. 27 Suite 200
City & State 23 Miami, Florida	City & State 28 Miami, FLorida
Zip / Country 24 33176 / 25 Dade	Zip / Country 29 33176 / 30 Dade

4. FEI Number: 65-0236206 ☐ 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	10. Name and Address of New Registered Agent
SANCHEZ, GABRIEL M. 999 PONCE DE LEON BLVD SUITE 1040 CORAL GABLES FL 33134	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 9555 N. Kendall Dr. 03 Suite 200 04 City Miami FL 05 Zip Code 33176

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 _____ 5/30/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	☒ Change	☐ Addition
NAME	SANCHEZ, GABRIEL M.	12 NAME		
STREET ADDRESS	999 PONCE DE LEON #1040	13 STREET ADDRESS	9555 N. Kendall Dr., Suite 200	
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	Miami, FL 33176	
TITLE		21 TITLE	☐ Change	☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE	☐ Change	☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE	☐ Change	☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE	☐ Change	☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		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)(k), 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: _____ 5/30/95 (305) 595-9661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Gabriel M. Sanchez Pres

0137779 CP