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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # L80967 (7)

1. Corporation Name
WHEELER & SEGARRA, P.A.

Principal Place of Business: **5825 SUNSET DR. SUITE 300 S. MIAMI FL 33143**

Mailing Address: **5825 SUNSET DR. SUITE 300 S. MIAMI FL 33143**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/18/1990** 3a. Date of Last Report: **04/20/1994**

4. FEI Number: **65-0201954** 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: **5825 SUNSET DR. SUITE 300 S. MIAMI, FL 33143 U.S.A.**

2a. Mailing Address: **5825 SUNSET DR. SUITE 300 S. MIAMI, FL 33143 U.S.A.**

9. Name and Address of Current Registered Agent:
**WHEELER, HAROLD A. SR.
5825 SUNSET DRIVE
SUITE 300
SOUTH MIAMI FL 33143**

10. Name and Address of New Registered Agent:
B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 **SUITE 300**
B4 City: _____ **FL** B5 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 fee if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	SEGARRA, LUIS A.
STREET ADDRESS	10229 NW NINTH ST. #205
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	SEGARRA, LUIS A.
STREET ADDRESS	10229 NW NINTH ST. #205
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SEGARRA, LUIS A.
1.3 STREET ADDRESS	9531 Fountainbleau Blvd # 402
1.4 CITY - ST - ZIP	Miami, FL 33172
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SEGARRA, LUIS A.
2.3 STREET ADDRESS	9531 Fountainbleau Blvd # 402
2.4 CITY - ST - ZIP	Miami, FL 33172
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(1)(g), Florida Statutes. I further certify that the information in 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 (changed) or on an attachment with an address.

SIGNATURE: **Luis A. Segarra** Date: **4-19-95** (305) 661-3033