

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

INTERNATIONAL
ATTORNEY GENERAL
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Tallahassee, Florida
Tallahassee, Florida

**APPROVED
AND
FILED**

50 MAY -1 AM 7:50

DOCUMENT # L95608

(0)

MENDIGUREN AND ASSOCIATES, P.A.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2. Principal Office Address 2300 WEST SAMPLE ROAD SUITE 206 POMPANO BEACH FL 33073		3. Mailed Address 2300 WEST SAMPLE ROAD SUITE 206 POMPANO BEACH FL 33073	
21. State App. # 6301 N.W. 5th Way		26. Mailed Address 6301 N.W. 5th Way	
22. City, State 3600 Ft. Lauderdale, FL		27. City, State 3600 Ft. Lauderdale, FL	
24. State App. # 33309 USA		29. State App. # 33309 USA	
9. Name and Address of Current Registered Agent MENDIGUREN, FIDEL 3554 N.W. 26TH AVENUE BOCA RATON FL 33434		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number or Not Applicable) 83 84 City FL 85 Zip Code	
11. I, the undersigned, Secretary of State, do hereby certify that the foregoing information is true and correct for the purpose of changing the registered office of the corporation 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 a resident of the State of Florida and am not the registered agent of any other corporation in the State of Florida.			
SIGNATURE (Signature of Secretary of State)			
12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
12.1 NAME STREET ADDRESS CITY, STATE ZIP CODE 12.2 NAME STREET ADDRESS CITY, STATE ZIP CODE 12.3 NAME STREET ADDRESS CITY, STATE ZIP CODE 12.4 NAME STREET ADDRESS CITY, STATE ZIP CODE 12.5 NAME STREET ADDRESS CITY, STATE ZIP CODE	13.1 NAME STREET ADDRESS CITY, STATE ZIP CODE 13.2 NAME STREET ADDRESS CITY, STATE ZIP CODE 13.3 NAME STREET ADDRESS CITY, STATE ZIP CODE 13.4 NAME STREET ADDRESS CITY, STATE ZIP CODE 13.5 NAME STREET ADDRESS CITY, STATE ZIP CODE	☐ Change ☐ Addition	
14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01, Florida Statutes. I further certify that the information included 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 each officer or director of this corporation or the removal of director empowered to receive this report and respond to it is together with Florida Statutes, and that my name appears on Block 13 of this filing as a person who is an attachment with an address.			
SIGNATURE: 		305 528 8808	