

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tara A. B. Workman
Secretary of State
Tallahassee, Florida 32399-0400

APPROVED
AND
FILED

95 MAY -1 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L97356** (4)
1. Designator Name
HENA M. AGUIRRE, PA

Principal Office (Mailing Name) Mailing Address
**1208 ALGERIA AVE
CORAL GABLES FL 33134
US**

2. Principal Office (Registered) 2a. Mailing Address
21. State App. # 26. State App. #
22. City & State 27. City & State
23. City & State 28. City & State
24. Zip 25. Country 29. Zip 30. Country

3. Date Incorporated / Qualified **08/20/1990** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0211585** 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. 199.047, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**AGUIRRE, HENA M
1208 ALGERIA AVE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3. City
B4. City
B5. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.053 and 607.150B, 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 607.045, Florida Statutes.

DICIANA PEREZ, Secretary of State, Tallahassee, Florida 32399-0400

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP	VTD AGUIRRE, HENA M 1208 ALGERIA AVE. CORAL GABLES FL	1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP	PTD AGUIRRE, JUAN L 1208 ALGERIA AVE CORAL GABLES FL	1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated as has been provided by 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 an officer, officer or director of the corporation or the person on whose behalf I am executing this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or 13 of this report, or the attached with an address.

SIGNATURE: *HENA M. AGUIRRE* HENA M. AGUIRRE 4/30/95 (200) 443 1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR