

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L97356 (4)

1. Corporation Name
HENA M. AGUIRRE, PA



Principal Place of Business
**1208 ALGERIA AVE
CORAL GABLES FL 33134
US**

Mailing Address
1208
**1208 ALGERIA AVE
CORAL GABLES FL 33134
US**

3. Date Incorporated or Qualified **08/20/1990** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21

2a. Mailing Address
26 *1208 ALGERIA AVE*

Suite, Apt. #, etc.
22 Suite, Apt. #, etc. **27**

City & State
23 City & State **28**

Zip Country
24 Zip **25** Country **29** Zip **30** Country

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. 199.032, 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
61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** **65** Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 _____

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **VTD AGUIRRE, HENA M**
STREET ADDRESS **1208 ALGERIA AVE.**
CITY - ST - ZIP **CORAL GABLES FL**

TITLE DELETE
NAME **PTD AGUIRRE, JUAN L**
STREET ADDRESS **1208 ALGERIA AVE**
CITY - ST - ZIP **CORAL GABLES FL**

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
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: *Hena M. Aguirre, VP* **HENA M. AGUIRRE, VP** **4/24/96** **(305) 443-7308**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE #

CR2E034 (12/95)