

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

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



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

95 APR 21 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-04/27/95--01018--009  
\*\*\*\*\*200.00 \*\*\*\*\*200.00

DO NOT WRITE IN THIS SPACE.

**DOCUMENT # M17447(7)**

1. Corporation Name

**CARLOS ARAZOZA & CO., P.A.**

Principal Place of Business

**101 Madeira Avenue  
Coral Gables, FL 33134**

Mailing Address

**101 Madeira Avenue  
Coral Gables, FL 33134**

3. Date Incorporated or Qualified **07/01/95** 3a. Date of Last Report **03/04/94**

4. FEI Number **59-2546726** 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. 195.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 State, Apt. #, etc.

2a. Mailing Address

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**ARAZOZA, CARLOS  
101 Madeira Avenue  
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  
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

3/11/95

Signature (typed or printed name of registered agent and title if applicable)

NOTE: Registered Agent signature required when (re)registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D/P**  
NAME **ARAZOZA, CARLOS**  
STREET ADDRESS **9320 S.W. 96th St.**  
CITY - ST - ZIP **Miami, FL**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE **D/S/T**  
NAME **Comas, Gaston J.**  
STREET ADDRESS **9018 S.W. 150th Avenue**  
CITY - ST - ZIP **Miami, FL**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  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(3)(a), 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 107, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed), or as an attachment with an address.

SIGNATURE

*Carlos Arazoza*

**Carlos Arazoza, President**

4/11/95 (305) 444-3223

*RW 4-21-95*

SIGNATURE AND (TYPED OR PRINTED) NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER