

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # M21042 (0)

1. Corporation Name  
PEDRO ERIGOYEN & ASSOCIATES, INC.



Principal Place of Business: 2740 NW 27 AVE MIAMI FL 33142 US  
Mailing Address: 2740 NW 27 AVE MIAMI FL 33142-6537 US

3. Date Incorporated or Qualified: 09/24/1985  
3a. Date of Last Report: 04/29/1996  
4. FEI Number: 59-2579533  
5. Certificate of Status Desired: [X] Yes \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: [ ] No \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [ ] No

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip Country  
25. Zip Country

9. Name and Address of Current Registered Agent  
ERIGOYEN, PEDRO  
4821 N.W. 6TH ST.  
MIAMI FL 33135

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

Table with 12 rows for Officers and Directors. Each row includes Title, Name, Street Address, City-ST-ZIP, and a DELETE checkbox. The first row is filled with Pedro Erigoyen, PTD.

Table with 13 rows for Additions/Changes to Officers and Directors in 12. Each row includes Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and Addition.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Pedro Erigoyen DATE: 04-07-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)