

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M39146 (9)**

1. Corporation Name  
**LUIS ERNESTO RIVERA, P.A.**

Principal Place of Business: **300 ARAGON AVENUE SUITE 375 CORAL GABLES FL 33134 US**  
Mailing Address: **POST OFFICE BOX 521531 MIAMI FL 33152 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/26/1986</b>	3a. Date of Last Report <b>08/11/1994</b>
4. FIC Number <b>59-2728816</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. State Apt # etc.	2b. Mailing Address 26. State Apt # etc.
22. City & State	27. City & State
23. Zip County	28. Zip County
24. Zip County	29. Zip County
25. Zip County	30. Zip County

9. Name and Address of Current Registered Agent  
**RIVERA, LUIS ERNESTO  
300 ARAGON AVENUE  
SUITE 375  
CORAL GABLES FL 33134**

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 607.05(3) 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 607.05(3), Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. TITLE	PD
2. NAME	RIVERA, LUIS ERNESTO
3. STREET ADDRESS	300 ARAGON AVENUE, SUITE 375
4. CITY & ZIP	CORAL GABLES FL
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY & ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY & ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY & ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME	
27. STREET ADDRESS	
28. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME	
31. STREET ADDRESS	
32. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(1)(b), 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 registered broker-dealer, as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13, of this report, or an attachment thereto, with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR