FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

DOCUMENT # **M54930** **(6)**

1. Corporation Name
ANA C. ESCRICH & ASSOC. INC.

Principal Place of Business
1840 W 49TH ST.
SUITE 605
HIALEAH FL 33012
US

Mailing Address
P.O BOX 650596
MIAMI FL 33266-0596
US

2. Principal Place of Business
21 Suite, Apt. or Rm.
22 City & State
23 Zip
24 County
25

2a. Mailing Address
26 Suite, Apt. or Rm.
27 City & State
28 Zip
29 County
30

3. Date Incorporated or Qualified: 07/02/1987

3a. Date of Last Report: 02/17/1995

4. FEI Number: 59-2819472 — 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: [X] Yes [ ] No

9. Name and Address of Current Registered Agent
ESCRICH, ANA C.
12715 S.W. 44 TERR.
MIAMI FL 33175

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

11. Pursuant to the provisions of Section [illegible] Florida Statutes, [illegible] hereby submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. [illegible] SIGNATURE:

12. OFFICERS AND DIRECTORS

TITLE	DPS	[ ] DELETE
NAME	ESCRICH, ANA C.	
STREET ADDRESS	12715 S.W. 44 TERR.	
CITY, ST, ZIP	MIAMI FL	
TITLE	T	[ ] DELETE
NAME	ESCRICH, ANA C.	
STREET ADDRESS	12715 S.W. 44 TERR.	
CITY, ST, ZIP	MIAMI 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		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	Vice Pres.	[ ] Change [X] Addition
NAME	Nancy A. ALFONSO	
STREET ADDRESS	10820 SW 28 ST	
CITY, ST, ZIP	Miami, Fl. 33165	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 of this report or in any attachment with my title.

SIGNATURE: Ana C Escrich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96 (305) 559-0466
DATE TELEPHONE NUMBER

CR2E034 (12/95)