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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
SECRETARY OF STATE
DIV. OF CORPORATIONS
95 MAY -1 AM 11:52

DOCUMENT # M56578 (1)

1. Corporate Name
MARK S. GALLEGOS, P.A.

Principal Place of Business
C/O MARK S. GALLEGOS, ESQ
1440 AMERIFIRST BLDG ONE SE 3RD AVE
MIAMI FL 33131

Mailing Address
C/O MARK S. GALLEGOS, ESQ
1440 AMERIFIRST BLDG. ONE SE 3RD AVE.
MIAMI FL 33131

Date Incorporated / Qualified: 07/31/1987
3a. Date of Last Report: 04/22/1994

21 Street Address: One S.E. Third Ave
22 Suite, Apt. #: #2200
23 City: Miami
24 Zip: 33131
25 Country: USA

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28 City: Miami
29 Zip: 33131
30 Country: USA

4. FEI Number: 59-2835682 — Applied For / Not Applicable
5. Certificate of Status Desired: X — $8.75 Additional Fee Required
6. Electronic Signature Required for Foreign Corporations: ☐ — $5.00 May Be Added to Fees
8. Does corporate have liability for unpaid fees under Section 607.1622, Florida Statutes: ☐ Yes X No

9. Name and Address of Current Registered Agent
GALLEGOS, MARK S., ESQ.
1440 AMERIFIRST BLDG
ONE SE 3RD AVE.
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): One SE Third Ave #2200
83
84 City: Miami FL 85 Zip: 33131

11. Acknowledgment: The undersigned officer hereby certifies that the above named corporation intends to be qualified to do business in the State of Florida and that the corporation is in good standing in the state of its incorporation, that the corporation is qualified to do business in Florida, and that the registered agent named above has agreed to act as registered agent for the corporation.

Signature: 4/18/95

12. Officer and Director
PSD
GALLEGOS, MARK S., ESQ.
1440 AMERIFIRST BLDG
MIAMI FL

13. Additional Officers and Directors

14. I hereby certify that the information indicated on this report or supplemental 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 above, or on an attachment with an asterisk.

SIGNATURE: 4/18/95 MS 358 0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0427025 FP