FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED

DOCUMENT # **M61810** **(1)**

1. Corporation Name
DE LA OSA & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
C/O CARLOS M. DE LA OSA 4960 SW 72 AVE STE 303 MIAMI FL 33155-5550	C/O CARLOS M. DE LA OSA 4960 SW 72 AVE STE 303 MIAMI FL 33155-5550

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1987
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business
21: 10680 SW 113 PLACE
Suite, Apt. #, etc.
22: #101
City & State
23: MIAMI FL
Zip 24: 33176 Country 25:

2a. Mailing Address
26: 10680 SW 113 PLACE
Suite, Apt. #, etc.
27: #101
City & State
28: MIAMI FL
Zip 29: 33176 Country 30:

4. FEI Number: 65-0010879 ☐ 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 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DE LA OSA, CARLOS M.
~~4960 SW 72ND AVE., SUITE 303~~ 10680 SW 113 PL #101
MIAMI FL ~~33155~~ 33176

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 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 _____ DATE
Signature, typed or printed name of registered agent and date (if applicable) (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	☒ Change ☐ Addition
NAME	DELAOSA, CARLOS M.	12 NAME	
STREET ADDRESS	4960 S.W. 72ND AVENUE #303	13 STREET ADDRESS	10680 SW 113 PLACE #101
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI FL 33176
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	DELAOSA, CARLOS	22 NAME	
STREET ADDRESS	4960 S.W. 72ND AVE., #303	23 STREET ADDRESS	10680 SW 113 PLACE #101
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI FL 33176
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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: CARLOS DE LA OSA 1/12/95 (305) 273-1040
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR

0104704 CP