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

APPROVED AND FILED
95 APR 28 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000004667 (1)**

1. Corporation Name
BEHAR, FONT, DURAN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
999 PONCE DE LEON BLVD SUITE 750 CORAL GABLES FL 33134	999 PONCE DE LEON BLVD SUITE 750 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/16/1992**
3a. Date of Last Report: **01/20/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **65-0369320** ☐ 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

DURAN, RAY
999 PONCE DE LEON BLVD
SUITE 750
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 **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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	1)	☑ Change ☐ Addition
NAME	DURAN, RAY	1.2 NAME	RAY DURAN.	
STREET ADDRESS	7525 SW 153RD PL #201	1.3 STREET ADDRESS	9950 SW 37 ST	
CITY-ST-ZIP	MIAMI FL 33193	1.4 CITY-ST-ZIP	MIAMI, FL. 33165.	
TITLE	D	2.1 TITLE	2)	☑ Change ☐ Addition
NAME	BEHAR, ROBERT	2.2 NAME	Robert Behar	
STREET ADDRESS	13916 SW 46TH TER UNIT A	2.3 STREET ADDRESS	424 Castania ave	
CITY-ST-ZIP	MIAMI FL 33175	2.4 CITY-ST-ZIP	Coral Gables, FL 33146.	
TITLE	D	3.1 TITLE	3)	☑ Change ☐ Addition
NAME	FONT, JAVIER	3.2 NAME	Font, Javier	
STREET ADDRESS	3600 LE JEUNE RD	3.3 STREET ADDRESS	8230 S.W. 63 court	
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	Miami, FL 33143	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 added on an attachment with an address.

SIGNATURE: Ray Duran 4.24.95 305-446-6220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0137690 CP