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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR 23 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000016979 (5)

1. Corporation Name
MANUEL E. CABEZA, P.A.

Principal Place of Business	Mailing Address
C/O MANUEL E. CABEZA, P.A. 44 WEST FLAGLER ST., 18TH FLOOR MIAMI FL 33130 US	C/O MANUEL E. CABEZA, PA 44 WEST FLAGLER STREET, 18TH FLOOR MIAMI FL 33130 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/05/1993
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business
21 Manuel E. Cabeza, P.A.
22 Suite, Apt. #, etc. Suite 800 Douglas Road, 351
23 City & State: Coral Gables, FL
24 Zip: 33134
25 Country: U.S.

2a. Mailing Address
26 Manuel E. Cabeza, P.A.
27 Suite, Apt. #, etc. Suite 800 Douglas Road, 351
28 City & State: Coral Gables, FL
29 Zip: 33134
30 Country: U.S.

4. FEI Number: 65-0398644 ☐ 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

RUBIN, CHARLES D
9100 S DADELAND BLVD
SUITE 1707
MIAMI FL 33156

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CABEZA, MANUEL E. 44 W. FLAGLER ST., 18TH FLOOR MIAMI FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Cabeza, Manuel E. 800 Douglas Road, Suite 351 Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CABEZA, MARIA ELENA 44 W. FLAGLER ST., 18TH FLOOR MIAMI FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S Cabeza, Maria Elena 800 Douglas Road, Suite 351 Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: Maria Elena Cabeza Maria Elena Cabeza 3/20/95 (305) 444-7282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0120782 CP