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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 4:28

DOCUMENT # P93000023927 (5)

1. Corporation Name
FRANK U. PINTADO, P.A.

Principal Place of Business
3191 CORAL WAY
SUITE 1010
MIAMI FL 33145

Mailing Address
3191 CORAL WAY
SUITE 1010
MIAMI FL 33145

FOR OFFICE USE ONLY

3. Date of Last Report: 03/31/1993
3a. Date of Last Report: 06/20/1994

2. Principal Place of Business
21 3191 Coral Way
Suite, Apt. #, etc.
22 Suite 1010
City & State
23 Miami, Florida
Zip 24 33145 County 25 Dade

2a. Mailing Address
26 3191 Coral Way
Suite, Apt. #, etc.
27 Suite 1010
City & State
28 Miami, Florida
Zip 29 33145 Country 30 Dade

4. FEI Number: 99-2367795 — 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. The corporation has liability for intangible tax under § 199.032, Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
PINTADO, FRANK U
3191 CORAL WAY
SUITE 1010
MIAMI FL 33145

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 607.0505 and 607.0506, Florida Statutes, the above named corporation submits the 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, Sections 607.0505, Florida Statutes.

SIGNATURE: [illegible] DATE [illegible]

12. OFFICERS AND DIRECTORS

001	P
NAME	NEWMAN, ANDREA
STREET ADDRESS	3191 CORAL WAY, SUITE 1010
CITY, ST, ZIP	MIAMI FL
002	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
003	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
004	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
005	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
006	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature shall serve the same as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears above, or on attached schedules with any additions.

SIGNATURE: [signature] 1/20/95 441-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER

0150051 CP