FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

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DOCUMENT #

1. Corporation Name

SIGNATURE:

P93000068979 (2)

SIGNATURE AND THESE OF PRINTED NAME OF SIGNING OFFICER OR DIRE

LAW OFFICES OF EDUARDO A. CANAL, P.A.									
Principal Place	of Business	Mailing Address			3 INDIANUL III IN	ABINI BOSIN BSINI KA			
300 SEVILLA AVENUE STE. 305 CORAL GABLES FL 33134		300 SEVILLA AVENUE STE. 305 CORAL GABLES FL 33134							
					3. Date Incorporated or Qualified 09/27/1993	3a. Date of L 05/0	Last Report 1/1995		
2. Principal Place 3/1/	co of Business Sevilla Avenue	28. Mailing Address 200 Sevill	a A	venue	4. FEI Number 65-0263080		Applied For Not Applicable		
Suite, Apt. #	te 208	Suite-Ant # etc	08	<i>y c ,</i>	5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required		
City & State	GAbles FloriDA			FloriBA	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
ZIP 221	24 Country	Z 221211	Cour		8. This corporation has liability for	Intangible tax ur			
14 231	9. Name and Address of Current		30 (/- / /	10. Name and Address of New R		ant		
	9. Name and Address of Corrent	negistered Agent		B1 Name	to Name and Address of New A	agistered Age	1114		
D01440	ODAIO T								
DOWNS, CRAIG T 300 SEVILLA AVENUE			82 Street Addre	address (P.O. Box Number is Not Acceptable)					
STE. 305			Γ	83					
CORAL C	GABLES FL 33134		}	B4 City			35 Zip Code		
			- {	0,		FL °	2,5 0000		
or registere	o the provisions of Sections 607,0502 a ed agent, or both, in the State of Flori la h, and accept the obligations of, Section	 Such change was authorized 	the abov Lby the co	e named corpora orporation's board	ition submits this statement for the pur d of directors. I hereby accept the app	pose of changing pintment as regi	ng its registered office istered agent. I am		
SIGNATURE _	Sogrand the Espains to paralless common of experience designs on	short applicable (NOTE	Berji der i 17	kge ir sugnature net uncil	when renicialing)	DATE.			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF				
TITLE	D	DELETE	1 1 11	LE		/ 25⊾°	Change 🔲 Addition		
NAME	CANAL, EDUARDO A	_	1.2 NAI	VE 4	ANAL, EDUARDO A	. برست مان	240		
STREET ADDRESS	300 SEVILLA AVENUE STE. 30	15	1 3 STF	BEET ADDRESS 3	IANAL, EDUARDO A OO SEVILLA AVEN OORAL GABLES,	11 376	20 g		
CITY-ST-ZIP	CORAL GABLES FL 33134	₽ britii		Y · ST · ZIP	WORKL GABLES	F6. DS1:	Sy hopes Cl Addition		
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TITLE		☐ DELETE	6.1	t			Change Addition		
NAME			621	<u></u>					
STREET ADOPESS			635	ET ADDRESS					
CITY-ST-ZIP	y certify that the information supplied w	ith this filing is voluntariy furnish	t 640 bed acc	Les not qualify fo	or the exemption stated in Section 119	07/3/k) Florids	Statutes I further		
certify that oath, that I	the information indicated on this annual fam an officer or director of the corpor Block 12 or Block 13 if changed, or or	il report or supplemental and a ation of the server or the ee-	il report) empowe	rue and accurat	e and that my signature shall have the report as required by Chapter 607. F	same legal effe	ect as if made under and that my name		