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 JAN 30 AM 11:48

DOCUMENT # P93000073661 (9)

1. Corporation Name
STIRLING ROAD CORP.

Principal Place of Business	Mailing Address
~~2333 PONCE DE LEON BLVD~~ ~~STE 650~~ ~~CORAL GABLES FL 33134~~	~~2333 PONCE DE LEON BLVD~~ ~~STE 650~~ ~~CORAL GABLES FL 33134~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
10/15/1993	04/08/1994

2. Principal Place of Business	2a. Mailing Address
21 2720 CORAL WAY	26 2720 CORAL WAY
22 Suite, Apt. #, etc. FOURTH FLOOR	27 Suite, Apt. #, etc. FOURTH FLOOR
23 City & State MIAMI, FL	28 City & State MIAMI, FL
24 Zip 33145 25 Country	29 Zip 33145 30 Country

4. FEI Number 65-0442320 ☐ 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	10. Name and Address of New Registered Agent
DEL VALLE, IGNACIO G 2333 PONCE DE LEON BLVD STE 650 CORAL GABLES FL 33134	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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BLANCO, FRANCISCO E	1.2 NAME	
STREET ADDRESS	2333 PONCE DE LEON BLVD #650	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	VPTD	2.1 TITLE	☐ Change ☐ Addition
NAME	~~BLANCO, FRANCISCO J~~	2.2 NAME	BLANCO, FRANCISCO JR
STREET ADDRESS	2720 CORAL WAY , 4TH FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VPSD	3.1 TITLE	☐ Change ☐ Addition
NAME	~~ROSAL, JORGE L JR~~	3.2 NAME	DEL ROSAL, JORGE L JR
STREET ADDRESS	2720 CORAL WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	~~BLACO, JORGE A~~	4.2 NAME	BLANCO, JORGE A
STREET ADDRESS	7440 SW 66 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DEL ROSAL, VIRGINIA	5.2 NAME	
STREET ADDRESS	9400 OLD CUTLER LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	DEL ROSAL WILSON, ELENA	6.2 NAME	
STREET ADDRESS	10740 SW 74 CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 on an attachment with an address.

SIGNATURE: _____ 1/25/95 (305) 447-3052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
FRANCISCO BLANCO

0140384 CP