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

1996

SIGNATURE:

DOCUMENT # P93000084133 (6)

1. Corporation Name RODRIGUEZ & ARONSON, P.A. Principal Place of Business 9350 \$ DIXIE HWY SUITE 1550 SUITE 1550								
MIAMI FL 3		SUITE 1550 MIAMI FL 33156						
					3. Date Incorporated or Qualified		te of Last	
2. Principal P	lace of Business	2a. Mailing Address	<u> </u>		12/09/1993 4. FEI Number	(02/28/1	995
21		26	,		65-0454855		<u> </u>	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, et	c.				607	Not Applicable 5 Additional
22 Cit . II Ct -		27			5. Certificate of Status Desired			Bequired
City & State	e	City & State			6. Election Campaign Financing			00 May Be
Zip	Country		Counts		Trust Fund Contribution		Add	led to Fees
24	25	29	Country 30	/	This corporation has liability for Florida Statutes	intangible t	ax under	s 199.032,
	Name and Address of Cur	rent Registered Agent			10. Name and Address of New F		Acent	
	•••		81	Name		- Oglotol Ed	Agent	
ARONS	ON, JONATHAN		82	Street Add	dress (P.O. Box Number is Not Acceptat	de)		
SUITE 1	DIXIE HWY				- Total Control of the Company	леј		
MIAMI F			83					
WILLIAM C	L 00100		84	City			85 Z	Zip Code
11. Pursuant t	to the provisions of Sections 607.05	02 and 607 1508 Florida St	atutes the above of	named same		FL		
or register familiar wit	ed agent, or both, in the State of Fi h, and accept the obligations of Sc	orida. Such change was auth	orized by the corp	oration's bo	oration submits this statement for the pur ard of directors. I hereby accept the appe	pose of cha ointment as	anging its registere	registered office d agent. Lam
SIGNATURE	· · · · · · · · · · · · · · · · · · ·	Condition 10000, Florida Stat	utes.					
	Signature typed or printed name of registered ag		(NOTE Registered Agen	i' signature respur	nd when reinstaling)	DATE		
12. Title	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF		DIRECTO	ORS IN 12
NAME	RODRIGUEZ, DOMINGO	☐ DELETE	1. 1 THILE				Change	Addition
STREET ADDRESS	9350 S DIXIE HWY SUITE	1660	1.2 NAME					
CITY-ST-ZIP	MIAMI FL 33156	1550	1.3 STREET					
TITLE	DVST DELETE		1.4 CITY - ST 2. 1 TITLE	1 - ZIP				
NAME	ARONSON, JONATHAN		2.2 NAME			L	Change	☐ Addition
STREET ADDRESS	9350 S DIXIE HWY SUITE	1550	2.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33156		24 CITY- ST					
TITLE		☐ DELETE	3 1 TITLE			———— <u>—</u>	7 Change	Addition
NAME STOSET ASSESSED			3 2 NAME	ĺ		_		
STREET ADDRESS CITY-ST-ZIP			3.3. STREET	ADDRESS				
TITLE		DELETE	3.4 CHTY-ST	- ZIP	·			
NAME			4. 1 IIILE	ĺ	00000175 03/21/96010	,-,[] Change	☐ Addition
STREET ADDRESS			4.2 NAME	DDD1 CC	-03/21/96010	7301	33	
CITY-ST-ZIP			4.3 STREET A		***200.00	10 0.	,,,	
TITLE		☐ DELE1E	4.4 CITY - ST 5. 1 TITLE	- 211			7 Change	- Addition
NAME			5.2 NAME			L_] Change	Addition
STREET ADDRESS			5.3 STREET A	DORESS				
CITY-ST-ZIP			5.4 CITY-ST-	- ZIP				
TITLE		☐ DELETE	6 1 7/TLF] Change	Addition
NAME STORET ADDOCCO			6.2 NAME				. •	
STREET ADDRESS			6.3 STREET A	DDRESS				
ITY-ST-ZIP 14. I do hereby	certify that the information supplied	with this filing is valuated to	64 CHY-S1-					
certify that the cath; that I a appears in E	he information indicated on this and am an officer or directly of the com- Block 12 or Block 13 if changed, or	ual report or supplemental a oration or the receiver or trus on an attachment with an ac	urnished and does nnual report is true stee empowered to ddress.	not qualify for and accurating execute this	or the exemption stated in Section 119.0 to and that my signature shall have the s s report as required by Chapter 607, Flor	7(3)(k), Flori ame legal e ida Statute:	da Statute ffect as if s; and tha	es. I further made under it my name

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Digiting Proce # 26