FILE NOW: FILING FEE AFTER MAY 1 IS $25.00

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 MAR 23 PM 2:13

DOCUMENT # P94000001796 (9)

1. Corporation Name
AMANDA K. ESQUIBEL, P.A.

Principal Place of Business
9703 S DIXIE HIGHWAY
MIAMI FL 33156

Mailing Address
9703 S DIXIE HIGHWAY
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1994
3a. Date of Last Report: N.A.
4. FEI Number: 65-0458684 — 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

2. Principal Place of Business	2a. Mailing Address
21 9655 S. DIXIE HWY.	26 9655 S. DIXIE HWY.
Suite, Apt. #, etc. 22 SUITE 101	Suite, Apt. #, etc. 27 SUITE 101
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33156 Country 25 USA	Zip 29 33156 Country 30 USA

9. Name and Address of Current Registered Agent
ESQUIBEL, AMANDA K
9703 S DIXIE HIGHWAY
MIAMI FL 33156

10. Name and Address of New Registered Agent
81 Name: ESQUIBEL, AMANDA K.
82 Street Address (P.O. Box Number is Not Acceptable): 9655 S. DIXIE HWY.
83 SUITE 101
84 City: MIAMI FL 85 Zip Code: 33156

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 [signature] AMANDA K. ESQUIBEL 3/24/95
(NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☑ Change ☐ Addition
NAME	ESQUIBEL, AMANDA K	12 NAME	ESQUIBEL, AMANDA K.
STREET ADDRESS	9703 S DIXIE HIGHWAY	13 STREET ADDRESS	9655 S. DIXIE HWY, SUITE 101
CITY ST ZIP	MIAMI FL 33156	14 CITY ST ZIP	MIAMI, FL 33156
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: [signature] AMANDA K. ESQUIBEL 3/24/95 305-661-7880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0107024 CP