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 JUN -1 AM 11:02

DOCUMENT # P94000007319 (4)

1. Corporation Name

M. JORGE ARECES, P.A.

Principal Place of Business	Mailing Address
780 N.W. LEJEUNE ROAD SUITE 404 MIAMI FL 33126	780 N.W. LEJEUNE ROAD SUITE 404 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/24/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 782 NW Lejeune Road	26 782 NW Lejeune Road
Suite, Apt #, etc 22 Suite 440	Suite, Apt #, etc 27 Suite 440
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip 24 33126 Country 25 Dade	Zip 29 33126 Country 30 Dade

4. FEI Number: 65-0471796 ☐ 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

ARECES, JORGE
780 N.W. LEJEUNE ROAD
SUITE 404
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: M. Jorge Areces
82 Street Address (P.O. Box Number is Not Acceptable): 782 NW Lejeune Rd.
83 Suite 440
84 City: Miami FL 85 Zip Code: 33126

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]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVTS	1.1 TITLE	PVTS ☒ Change ☐ Addition
NAME	ARECES, M. JORGE	1.2 NAME	Areces M. Jorge
STREET ADDRESS	780 N.W. LEJEUNE ROAD	1.3 STREET ADDRESS	782 NW Lejeune Rd #440 (as to address only)
CITY ST ZIP	MIAMI FL 33126	1.4 CITY ST ZIP	Miami, FL 33126
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	ARECES, M. JORGE	2.2 NAME	Areces, M. Jorge
STREET ADDRESS	780 N.W. LEJEUNE ROAD	2.3 STREET ADDRESS	782 NW Lejeune Rd #440 (as to address only)
CITY ST ZIP	MIAMI FL 33126	2.4 CITY ST ZIP	Miami, FL 33126
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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)(k), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — M. Jorge Areces — Date — Daytime Phone

0181773 CP