

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 08 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **P94000007319 (4)**

1. Corporation Name  
**M. JORGE ARECES, P.A.**

|   |  |
|---|--|
| Principal Place of Business<br><b>782 NW LEJEUNE ROAD<br/>SUITE 440<br/>MIAMI FL 33126<br/>US</b> | Mailing Address<br><b>782 NW LEJEUNE ROAD<br/>SUITE 440<br/>MIAMI FL 33126-5549<br/>US</b> |
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|--|--|
| 3. Date Incorporated or Qualified<br><b>01/24/1994</b>   | 3a. Date of Last Report<br><b>06/13/1996</b>           |
| 4. FEI Number<br><b>65-0471796</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 <b>780 NW Lejeune Road</b><br>Suite, Apt. #, etc.<br>22 <b>318</b><br>City & State<br>23 <b>MIAMI, FL</b><br>Zip<br>24 <b>33126</b> Country<br>25 <b>USA</b> | 2a. Mailing Address<br>26 <b>780 NW Lejeune Road</b><br>Suite, Apt. #, etc.<br>27 <b>318</b><br>City & State<br>28 <b>MIAMI, FL</b><br>Zip<br>29 <b>33126</b> Country<br>30 <b>USA</b> |
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9. Name and Address of Current Registered Agent  
**ARECES, M J  
782 NW LEJEUNE ROAD  
SUITE 440  
MIAMI FL 33126**

|   |
|---|
| 10. Name and Address of New Registered Agent<br>81 Name<br><b>ARECES, M J</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>780 NW Lejeune Rd #318</b><br>83<br>84 City<br><b>MIAMI</b> FL 85 Zip Code<br><b>33126</b> |
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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:  (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                             |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|--|---------------------------------|---|---|
| TITLE<br><b>PVTS</b>                                   | <input type="checkbox"/> DELETE | 1.1 TITLE<br><b>PVTS</b>                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>ARECES, M. JORGE</b>                        |                                 | 1.2 NAME<br><b>ARECES, M. JORGE</b>                   |   |
| STREET ADDRESS<br><b>782 NW LEJEUNE ROAD SUITE 440</b> |                                 | 1.3 STREET ADDRESS<br><b>780 NW Lejeune Rd #318</b>   |   |
| CITY-ST-ZIP<br><b>MIAMI FL</b>                         |                                 | 1.4 CITY-ST-ZIP<br><b>MIAMI, FL 33126</b>             |   |
| TITLE<br><b>D</b>                                      | <input type="checkbox"/> DELETE | 2.1 TITLE<br><b>D</b>                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>ARECES, M. JORGE</b>                        |                                 | 2.2 NAME<br><b>ARECES, M. JORGE</b>                   |   |
| STREET ADDRESS<br><b>782 NW LEJEUNE ROAD SUITE 440</b> |                                 | 2.3 STREET ADDRESS<br><b>780 NW Lejeune Rd #318</b>   |   |
| CITY-ST-ZIP<br><b>MIAMI FL</b>                         |                                 | 2.4 CITY-ST-ZIP<br><b>MIAMI, FL 33126</b>             |   |
| TITLE  | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                 | 3.2 NAME  |   |
| STREET ADDRESS   |                                 | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP  |                                 | 3.4 CITY-ST-ZIP                                       |   |
| TITLE  | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                 | 4.2 NAME  |   |
| STREET ADDRESS   |                                 | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP  |                                 | 4.4 CITY-ST-ZIP                                       |   |
| TITLE  | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                 | 5.2 NAME  |   |
| STREET ADDRESS   |                                 | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP  |                                 | 5.4 CITY-ST-ZIP                                       |   |
| TITLE  | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 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:  3.27.97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)