

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:30

DOCUMENT # P94000021791 (6)

1. Corporation Name

FERNANDEZ CAPITAL MANAGEMENT, INC.

Principal Place of Business

Mailing Address

238 E DAVIS BLVD
TAMPA FL 33606

238 E DAVIS BLVD
TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3216301

Applied For

Not Applicable

21. Suite, Apt. #, etc

21a. Suite, Apt. #, etc

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22. City & State

22a. City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23. Zip

23a. Country

23b. Zip

23c. Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

24. Zip

24a. Country

24b. Zip

24c. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERNANDEZ, RUDOLF A
238 E DAVIS BLVD
TAMPA FL 33606

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

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

Signature (typed or printed name of registered agent and title if applicable)

(Date) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	FERNANDEZ, RUDOLF A
STREET ADDRESS	238 E DAVIS BLVD
CITY, ST, ZIP	TAMPA FL 33606
TITLE	D
NAME	FERNANDEZ, MARGARET B
STREET ADDRESS	238 E DAVIS BLVD
CITY, ST, ZIP	TAMPA FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntary, truthful and does not qualify for the exemption stated in Section 191.07(3)(b), Florida Statutes. I further certify that the information on this filing is voluntary, truthful and does not qualify for the exemption stated in Section 191.07(3)(b), Florida Statutes. I further certify that I am an officer or director of the corporation and the resolution or resolutions empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1.1, of this report, or both, in accordance with the above.

SIGNATURE:

SIGNATURE AND TYPE (ON PRINT) OF NAME OF SIGNING OFFICER OR DIRECTOR

RUDOLFO FERNANDEZ

1-10-95

813-251-6020