

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

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995



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

95 APR 26 PM 1:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000037334 (7)

1. Corporation Name
JOSE ARRUDA BARBOSA, P.A.

Principal Place of Business
**% 904 WEST HALLANDALE BEACH BLVD.
 HALLANDALE FL**

Mailing Address
**% 904 WEST HALLANDALE BEACH BLVD.
 HALLANDALE FL**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/18/1994 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

4. FEI Number

05-0500941

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

**CORPORATION INFORMATION SERVICES INC.
 1201 HAYS ST.
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name **Todd W. Klinton, Esq**
 82 Street Address (P.O. Box Number is Not Acceptable)
8211 W. BLOWERS BLVD #315
 83
 84 City **PLANTATION FL** 85 Zip Code **33324**

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

Todd W. Klinton
 Signature, typed or printed name of registered agent and title if applicable

Todd W. Klinton
 (NOTE: Registered Agent signature required when reinstating)

11/7/95
 DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
 NAME **BARBOSA, JOSE A**
 STREET ADDRESS **% 904 W. HALLANDALE BEACH BLVD.**
 CITY - ST - ZIP **HALLANDALE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or upon previous 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 in an attachment with an address.

SIGNATURE:

Jose Arruda Barbosa
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSE ARRUDA BARBOSA P.A.

DIRECTOR **4/20/95** **305 458-3040**
 DATE TELEPHONE NUMBER