FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000053098 (7)**

1. Corporation Name

BORGES-MEADE & COMPANIA INCORPORATED

Principal Place of Business	Mailing Address
800 SOUTH DIXIE HWY SUITE 205 CORAL GABLES FL 33146 US	1542 SIENA CORAL GABLES FL 33146

2. Principal Place of Business 21	2a. Mailing Address 26 800 S. Dixie Hwy
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 205
City & State 23	City, & State 28 Coral Gables, FL.
Zip / Country 24 / 25	Zip / Country 29 33146 / 30 US

3. Date Incorporated or Qualified 07/19/1994	3a. Date of Last Report 03/01/1995
4. FEI Number 65-0532738	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	10. Name and Address of New Registered Agent
EDELMAN, STUART J ESQ 328 MINORCA AVE 2ND FLOOR CORAL GABLES FL 33134	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	BORGES, PEDRO J		1.2 NAME	Borges, Pedro J	
STREET ADDRESS	% 1542 SIENA		1.3 STREET ADDRESS	800 S. Dixie Hwy #205	
CITY-ST-ZIP	CORAL GABLES FL 33146		1.4 CITY-ST-ZIP	Coral Gables, FLA 33146	
TITLE	VST	☐ DELETE	2.1 TITLE	VST	☒ Change ☐ Addition
NAME	MEADE, GREG		2.2 NAME	Meade, Greg	
STREET ADDRESS	% 1542 SIENA		2.3 STREET ADDRESS	800 S. Dixie Hwy #205	
CITY-ST-ZIP	CORAL GABLES FL 33146		2.4 CITY-ST-ZIP	Coral Gables, FLA. 33146	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I (We) hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental attachment 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 added.

SIGNATURE: _____ 4/11/96 (305) 668-9629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number