

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000062605 (8)**

1. Corporation Name

**DIEGO C. ASENSIO & ASSOCIATES, INC.**

200001490252

-05/17/95--01028--025

\*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE.

|                                                                                         |  |                                                                     |  |
|-----------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|--|
| Principal Place of Business                                                             |  | Mailing Address                                                     |  |
| 7880 N. UNIVERSITY DR.<br>SUITE 100<br>TAMARAC FL 33321                                 |  | 7880 N. UNIVERSITY DR.<br>SUITE 100<br>TAMARAC FL 33321             |  |
| 2. Principal Place of Business                                                          |  | 2a. Mailing Address                                                 |  |
| 21                                                                                      |  | 26                                                                  |  |
| Suite, Apt. #, etc.                                                                     |  | Suite, Apt. #, etc.                                                 |  |
| 22                                                                                      |  | 27                                                                  |  |
| City & State                                                                            |  | City & State                                                        |  |
| 23                                                                                      |  | 28                                                                  |  |
| Zip                                                                                     |  | Country                                                             |  |
| 24                                                                                      |  | 29                                                                  |  |
| Country                                                                                 |  | Country                                                             |  |
| 25                                                                                      |  | 30                                                                  |  |
| 3. Date Incorporated or Qualified                                                       |  | 3a. Date of Last Report                                             |  |
| 08/22/1994                                                                              |  |                                                                     |  |
| 4. FEI Number                                                                           |  | Applied For                                                         |  |
| 65-0518809                                                                              |  | Not Applicable                                                      |  |
| 5. Certificate of Status Desired                                                        |  | \$8.75 Additional Fee Required                                      |  |
| <input type="checkbox"/>                                                                |  | <input type="checkbox"/>                                            |  |
| 6. Election Campaign Financing                                                          |  | \$5.00 May Be Added to Fees                                         |  |
| Trust Fund Contribution                                                                 |  | <input type="checkbox"/>                                            |  |
| 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                                                                 |  |                                                       |  |
|---------------------------------------------------------------------------------|--|-------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent                                 |  | 10. Name and Address of New Registered Agent          |  |
| MARULANDA S., CARLOS<br>7880 N. UNIVERSITY DR.<br>SUITE 100<br>TAMARAC FL 33321 |  | 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 607.1508, 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

(NOTE: Registered Agent signature required when transferring)

DATE

|                            |                                   |                                                       |                           |
|----------------------------|-----------------------------------|-------------------------------------------------------|---------------------------|
| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                           |
| TITLE                      | D                                 | 11 TITLE                                              | D                         |
| NAME                       | MARULANDA S., CARLOS              | 12 NAME                                               | MARULANDA, CARLOS A.      |
| STREET ADDRESS             | 7880 N. UNIVERSITY DR., SUITE 100 | 13 STREET ADDRESS                                     | 668 STANTON DRIVE         |
| CITY, ST, ZIP              | TAMARAC FL 33321                  | 14 CITY - ST - ZIP                                    | FORT LAUDERDALE, FL 33326 |
| TITLE                      |                                   | 21 TITLE                                              | P                         |
| NAME                       |                                   | 22 NAME                                               | ASENSIO, DIEGO C.         |
| STREET ADDRESS             |                                   | 23 STREET ADDRESS                                     | 328 AUSTRALIAN AVENUE     |
| CITY, ST, ZIP              |                                   | 24 CITY - ST - ZIP                                    | PALM BEACH, FL 33480      |
| TITLE                      |                                   | 31 TITLE                                              | DO                        |
| NAME                       |                                   | 32 NAME                                               | MARULANDA, EDGAR          |
| STREET ADDRESS             |                                   | 33 STREET ADDRESS                                     | 2684 RIVIERA COURT        |
| CITY, ST, ZIP              |                                   | 34 CITY - ST - ZIP                                    | FORT LAUDERDALE, FL 33332 |
| TITLE                      |                                   | 41 TITLE                                              | DO                        |
| NAME                       |                                   | 42 NAME                                               | MARULANDA, PABLO A.       |
| STREET ADDRESS             |                                   | 43 STREET ADDRESS                                     | 18444 NW 9TH COURT        |
| CITY, ST, ZIP              |                                   | 44 CITY - ST - ZIP                                    | PEMBROKE PINES, FL 33029  |
| TITLE                      |                                   | 51 TITLE                                              | DO                        |
| NAME                       |                                   | 52 NAME                                               | MARULANDA, CESAR A.       |
| STREET ADDRESS             |                                   | 53 STREET ADDRESS                                     | 694 STANTON DRIVE         |
| CITY, ST, ZIP              |                                   | 54 CITY - ST - ZIP                                    | FTLAUDERDALE, FL 33326    |
| TITLE                      |                                   | 61 TITLE                                              |                           |
| NAME                       |                                   | 62 NAME                                               |                           |
| STREET ADDRESS             |                                   | 63 STREET ADDRESS                                     |                           |
| CITY, ST, ZIP              |                                   | 64 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 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:**

CARLOS A. MARULANDA

04-17-95

(305) 722-2837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #