

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000081538 (8)**

1. Corporation Name
CARLOS E. PADRON, P.A.



Principal Place of Business
3191 CORAL WAY SUITE 1005 MIAMI FL 33145

Main Office
3191 CORAL WAY SUITE 1005 MIAMI FL 33145

3. Date Incorporated or Qualified **11/07/1994** 3a. Date of Last Report **05/23/1995**

4. FIC Number **65-0532040** 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. 190.032, Florida Statutes. Yes No

2. Principal Place of Business
21 Suite, Apt. n., etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**PADRON, CARLOS E
3191 CORAL WAY
SUITE 1005
MIAMI FL 33145**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0105 and 607.0106, Florida Statutes, the officer and director(s) who signed this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Section 607.0105, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0105, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETED
NAME	PADRON, CARLOS E	
STREET ADDRESS	3191 CORAL WAY SUITE 1005	
CITY-STATE-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> OFFICE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> OFFICE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14. I do hereby certify that the information supplied within this statement is true and correct to the best of my knowledge and belief. I further certify that the information is true and correct to the best of my knowledge and belief. I further certify that I am an officer or director of the corporation and that my signature shall have the same legal effect as if made under oath. This information is being provided to the Florida Department of State, Division of Corporations, and that my name appears in Block 12 or Block 13 of this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: *Carlos Padron*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96 (305) 461-4445

CR2E034 (12/95)