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Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000019396 (7)
1. Corporation Name
ALAYON & PENA, P.A.



Principal Place of Business Mailing Address
2450 SW 137TH AVE., SUITE 226 2450 SW 137TH AVE., SUITE 226
MIAMI FL 33175 MIAMI FL 33175-6332

3. Date Incorporated or Qualified 03/08/1995
3a. Date of Last Report 06/11/1996

2. Principal Place of Business 2a. Mailing Address
21 2450 SW 137 Ave 26 2450 SW 137 Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 226 27 226
City & State City & State
23 Miami, FL 28 Miami, FL
Zip Country Zip Country
24 33175 25 Dade 29 33175 30 Dade

4. FEI Number 65-0560962 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
ALAYON, RICHARD A ESQ.
2450 SW 137TH AVE., SUITE 226
MIAMI FL 33175

10. Name and Address of New Registered Agent
81 Name Same
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Table with 12 rows for Officers and Directors. Includes fields for Title, Name, Street Address, City, State, Zip, and a DELETED checkbox.

Table with 6 rows for Additions/Changes to Officers and Directors in 12. Includes fields for Title, Name, Street Address, City, State, Zip, and checkboxes for Change and Addition.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] 4/25/97 (305) 221-2110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/96)