

DOCUMENT # P95000058071

1/11/01-1

FILED  
Feb 09, 2001 8:00 am  
Secretary of State

01-11-2001 90063 048 \*\*\*150.00

1. Entity Name  
ARAZOZA & FERNANDEZ-FRAGA P.A.

Principal Place of Business  
2100 SAZEDO STREET  
#300  
CORAL GABLES FL 33134

Mailing Address  
2100 SAZEDO STREET  
#300  
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0599104

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRAGA, FERNANDEZ  
2100 SALZEDO STREET  
SUITE 300  
CORAL GABLES FL 33134

Name  
~~Adelaida Fernandez-Fraga~~  
Street Address (P.O. Box Number is Not Acceptable)  
2100 Salzedo Street  
Suite 300  
City Coral Gables FL Zip Code 33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  Delete  
NAME ARAZOZA, CARLOS F.  
STREET ADDRESS 2100 SALZEDO STREET, SUITE 300  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME COMAS, GASTON J.  
STREET ADDRESS 2100 SALZEDO STREET, SUITE 300  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME DE TORRES, TERESA  
STREET ADDRESS 2100 SALZEDO STREET, SUITE 300  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME FERNANDEZ-FRAGA, ADELAIDA  
STREET ADDRESS 2100 SALZEDO STREET, SUITE 300  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director  
ADELAIDA FERNANDEZ-FRAGA 1-4-01

Date

305-444-6226

Daytime Phone #

CR2EC34 (10/00)