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Apr 14 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 # P96000006010 (8)

1. Corporation Name
MIGUEL A. ESCOBAR & ASSOCIATES, INC.



Principal Place of Business: 9370 OAK GROVE CIRCLE DAVIE FL 33328
Mailing Address: 9370 OAK GROVE CIRCLE DAVIE FL 33328-8937

3. Date Incorporated or Qualified: 01/15/1996
3a. Date of Last Report
4. FEI Number: 59-3358233
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
ESCOBAR, MIGUEL A
9370 OAK GROVE CIRCLE
DAVIE FL 33328

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 607.0502 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: MIGUEL A. ESCOBAR
DATE: 4/7/97

Table with 6 rows and 2 columns for Officers and Directors. Includes fields for Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox.

Table with 6 rows and 2 columns for Additions/Changes to Officers and Directors. Includes fields for Title, Name, Street Address, City-ST-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: MIGUEL A. ESCOBAR
DATE: 4/7/97
Daytime Phone #

CR2E034 (9/96)