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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DIVISION OF DOCUMENT # P9600006010 (8)

MIGUEL A. ESCOBAR & ASSOCIATES, INC.

Principal Place of Business Mailing Address 8070 OAK GROVE CIRCLE 9370 OAK GROVE CIRCLE DAVIE FL 33328 **DAVIE FL 33328-8937** 3. Date Incorporated or Qualified 3a. Date of Last Report 01/15/1996 2. Principal Place of Business 2a. Mailing Address **FEI Number** Applied For 358233 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zıp This corporation has liability for intangible tax under s. 199.032, 29 Yes No 25 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ESCOBAR, MIGUEL A 9370 OAK GROVE CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) **DAVIE FL 33328** 83 City Zip Code 85 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 agreet the objections of, Section 607.0505, Florida Statutes. MIGUEL A. ESCOBAR SIGNATURE FICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. 12. Change DELETE 'n 1.1 TITLE TUTLE ESCOBAR, MIGUEL A 1.2 NAME CR2E034 9370 OAK GROVE CIRCLE 1.3 STREET ADDRESS STREET ADDRESS **DAVIE FL 33328** 1.4 City-ST-ZIP CITY-ST-7F DELETE ☐ Change Addition TITLE 2.1 TITLE **ESCOBAR, CYNTHIA** 2.2 NAME NAME 9370 OAK GROVE CIRCLE 2.3 STREET ADDRESS STREET ADDRESS DAVIE FL 33328 2. 4 City-ST-ZiP CITY-ST-ZIP DELETE Addition Change 3.1 TITLE TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY - SJ - ZIP 34. CITY-ST-ZIP

14. I do hereby certily 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 23 if changed, or on an atject ment with an address.

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

62 NAME

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

1:11.8

NAME STREET ADDRESS

TITLE

TITLE

NAME STREET ADDRESS

CITY: \$1-7IP

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIE

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Secretary of State

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