## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

SIGNATUR

PROFIT F Head Land FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham annual report Secretary of State 1997 DIVISION OF CORPORATIONS SECRETARY OF STATE DOCUMENT # **P96000073348 (0)** TĂLLÄHÄSSEE FLORIDA RICARDO A. GONZALEZ, P.A. Principal Place of Business Mailing Address 28 W FLAGLER STREET STE 600 28 W FLAGLER STREET STE 600 MIAMI FL 33130-1893 MIAMI FL 32130 3a. Date of Last Report 3. Date Incorporated or Qualified 09/04/1996 2a. Mailing Address Applied For 28 W. Flacier St 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional П Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes You 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GONZALEZ, RICARDO A 28 W FLAGLER STREET STE 600 82 **MIAMI FL 32130** 83 84 Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provision office or registered lagent I am fa SIGNATURE use il applicable (NOTE: Flegislared Agent signature required when reinstating) ICERS AM RECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. Change Addition DELETE TIFLE 1.1 TITLE GONZALEZ, RICARDO A RICARDO A. GONZALEZ 1.2 NAME MAM 28 W FLAGLER STREET STE 600 1.3 STREET ADDRESS STREET ADDRESS 28 HFIGGLER ST., No. 600 MIAMI FL 32130 1.4 CITY-ST-ZIP CHY-SI-74P MIAMI, PL 33130 DELETE THILE 21 TITLE NAME 22 NAME STREET APORESS 2.3 STREET ADDRESS 2 4 CiTY-ST-ZIP CITY-SE 2H: 800002161998-D44 DELETE THE 31 TITLE -05/01/97--01023--001 3 2 NAME NAME 3.3 STREET ADDRESS \*\*\*\*165.00 \*\*\*\*165.00 STREE! ACCRESS 3.4. CITY - ST - ZIP CHY-S\*-7IP DELETE Change Addition 4.1 TITLE THEE 4.2 NAME NAM 4.3 STREET ADDRESS STREET ADDRESS C/11 - S1 - 7IP 4.4 CITY-ST-ZIP DELETE Change Addition 51 TILE 111:16 5.2 NAME NAME 5.3 STREET ADDRESS STREET ANDRESS 5.4 CITY-ST-ZIP (01Y-S1-76) □ DELETE 6.1 TITLE Change Addition MILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET AERORESS 64 CITY-ST-ZIP CIBY- \$1-26 polied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the it or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under on or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the information indicated on this a must or trustee empowered to execute this report as appears in Block 12 or ment with an address