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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 02 1997 8:00am Secretary of State

DOCUMENT # P96000083333 (0) 1. Corporation Name DOLAN & ESCALONA, P.A.					
Principal Plac 13580 SW 2 S MIAMI FL 3318	я.	Mailing Address 13560 SW 2 ST. MIAMI FL 33184-1046			88161 18688 1698 1698 1698 777 7888
				3. Date Incorporated or Qualified 10/09/1996	3a. Date of Last Report
2. Principal P	Place of Business 99 S.W. 27 Avenue	26. Mailing Address	27 renve	4. FEI Number 65-0701383	Applied For Not Applicable
Suite Apt.	#, etc	Suite Apt. #, etc.	COVE	Certificate of Status Desired	\$8.75 Additional
1==1	50	27 250			Fee Required
City & Stat	ami, Florida	City & State Miami, F	-lorida	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33	SIUS Country	Zip 29 33145	Contry 30 U.S.A	8. This corporation has liability for it Florida Statutes	ntangible tax under s. 199.032, Yes , ZHNo
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
ESCALONA, GRACE 81 Name Carolana					
_	60 SW 2 ST.		62 Street A	dress (P.O. Box Number is Not Acceptab	(e) -1
MIA	MI FL 33184		83	399 5.0.27 Avior	Ste. 250
			11		
			84 City	Miami	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	Signature Typed or printed name of registered agent a	and title it applicable. (NOTE:	Registered Agent signature r	equired when reinstating)	DATE
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFIC	(
TITLE	DVS DOLAN CHCAN	DELETE	1.1 TITLE		Change
NAME	DOLAN, SUSAN 9124 NW 193 ST.		1.2 NAME	2299 S.W. 27 / Miami, FC 33145	fue. Se. 250
STREET ADDRESS CITY - \$1 - 2/P	MIAMI FL 33015		1.3 STREET ADDRESS 1.4 City-St-Zip	Man G 33 US	
TILLE	DT	DELETE	2.1 TITLE	-110mi, 10 301-12	Change Addition
NAME:	ESCALONA, GRACE		2.2 NAME	2299 S.W. 27 A	1 64.050
STREET ADDRESS	13560 SW 2 ST.		2.3 STREET ADDRESS	7399 3.00.0 14	1.,080.050
C:TY-ST-7IP	MIAMI FL 33184		2. 4 CITY-ST-ZIP	Miami, pc 331	
TIPLE		DEFELE	3.1 TITLE	•	Change Addition
NAME			3.2 NAME		
STREET ADDRESS	}		3.3 STREET ADDRESS		
CITY-ST-7IP TITLE		DELETE	3.4. CITY~ST~ZiP 4.1 TiTLE		Change Addition
NAME.		End June 1	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-\$1-ZF		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		□ DEFEIE	61 TITLE		CT CHANGE CT VROUIDU
NAME STREET ADDRESS			62 NAME 63 Street Address		
CITY - ST - ZIP			6.4 CITY-ST-ZIP		
	by certify that the information supplied v	vith this filing does not qualify		ated in Section 119.07(3)(i), Florida Statutes	s. 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 or 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 chapted, or on an attachment with an address.

SIGNATURE:

Scalors, Director 1/08/97 (305) 285-3113