FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 02 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 # **P96000083333 (0)**

1. Corporation Name
DOLAN & ESCALONA, P.A.

Principal Place of Business	Mailing Address
13560 SW 2 ST. MIAMI FL 33184	13560 SW 2 ST. MIAMI FL 33184-1046

3. Date Incorporated or Qualified: 10/09/1996
3a. Date of Last Report: n/a

2. Principal Place of Business
21 2299 S.W. 27 Avenue
Suite Apt. #, etc. 22 250
City & State 23 Miami, Florida
Zip 24 33145 Country 25 U.S.A.

2a. Mailing Address
26 2299 S.W. 27 Avenue
Suite Apt. #, etc. 27 250
City & State 28 Miami, Florida
Zip 29 33145 Country 30 U.S.A.

4. FEI Number: 65-0701383 ☐ 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 ☒ No

9. Name and Address of Current Registered Agent
ESCALONA, GRACE
13560 SW 2 ST.
MIAMI FL 33184

10. Name and Address of New Registered Agent
81 Name: Grace Escalona
82 Street Address (P.O. Box Number is Not Acceptable): 2299 S.W. 27 Avenue, Ste. 250
83
84 City: Miami FL 85 Zip Code: 33145

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS DOLAN, SUSAN 9124 NW 193 ST. MIAMI FL 33015	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 2299 S.W. 27 Ave. Ste. 250 Miami, FL 33145
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ESCALONA, GRACE 13560 SW 2 ST. MIAMI FL 33184	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 2299 S.W. 27 Ave., Ste. 250 Miami, FL 33145
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: Grace Escalona, Director 1/08/97 (305)285-3113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #