FILE NOW: FILING FEE AFTER MAY 1ST ~~IS~~ $550.00

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~P97000047615~~ (4) P96000048333

1. Corporation Name
Dolan & Escalona, P.A.

[redacted]

Principal Place of Business	Mailing Address
2299 S.W 27 Avenue Suite 250 Miami, FL 33145	same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/9/96

2. Principal Place of Business	2a. Mailing Address
21 2780 S. Douglas Rd.	26 2780 S. Douglas Rd.
Suite, Apt. #, etc. 22 207	Suite, Apt. #, etc. 27 Suite 207
City & State 23 Miami, Florida	City & State 28 Miami, FL
Zip 24 33145 Country 25 USA	Zip 29 33145 Country 30 USA

4. FEI Number: 65-070383 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Escalona, Grace 2299 S.W. 27 Ave., Suite 250 Miami, FL 33145	81 Name: Escalona, Grace 82 Street Address (P.O. Box Number is Not Acceptable): 2780 S. Douglas Rd. 83 Suite 207 84 City: Miami FL 85 Zip Code: 33133

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] Grace Escalona 4/25/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP/S/D ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	Susan Dolan	1.2 NAME	
STREET ADDRESS	2299 S.W. 27 Ave., Ste. 250	1.3 STREET ADDRESS	2780 S. Douglas Rd, Ste 207
CITY-ST-ZIP	Miami, FL 33145	1.4 CITY-ST-ZIP	Miami, FL 33133
TITLE	T/D ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	Grace Escalona	2.2 NAME	
STREET ADDRESS	2299 S.W 27 Ave, Ste. 250	2.3 STREET ADDRESS	2780 S. Douglas Rd., St. 207
CITY-ST-ZIP	Miami, FL 33145	2.4 CITY-ST-ZIP	Miami, FL 33145
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	25
STREET ADDRESS		5.3 STREET ADDRESS	5.5
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	400002512254 -05/06/98--01002--030
STREET ADDRESS		6.3 STREET ADDRESS	***150.00
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

14. I 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: [signature] Grace Escalona Director 4/25/98 (305)446-3553