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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000085282**

1. Corporation Name
ST. LOUIS, GUERRA & AUSLANDER, P.A.

Principal Place of Business	Mailing Address
201 S BISCAYNE BLVD MIAMI CENTER. 10TH FLOOR MIAMI FL 33131-4325 US	201 S BISCAYNE BLVD MIAMI CENTER. 10TH FLOOR MIAMI FL 33131-4325 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/15/1996

2. Principal Place of Business	2a. Mailing Address
21	26 2333 Ponce de Leon Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 710
City & State 23	City & State 28 Coral Gables, Florida
Zip 24 / Country 25	Zip 29 33134 / Country 30

4. FEI Number: 65-0703214 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ST. LOUIS, ROLAND R 201 S BISCAYNE BLVD MIAMI CENTER 10TH FLOOR MIAMI FL 33131	81 Name: Roland R. St. Louis, Jr. 82 Street Address (P.O. Box Number is Not Acceptable): 2333 Ponce de Leon Blvd 83 Suite 710 84 City: Coral Gables FL 85 Zip Code: 33134

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 _____ 4-14-99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ST. LOUIS, ROLAND R JR. 617 ALHAMBRA CIR. CORAL GABLES FL 33134	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUERRA, JORGE L 6957 SW 148TH TER. MIAMI FL 33158	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2. 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AUSLANDER, CHARLES M. 7960 SCHOOLHOUSE RD MIAMI FL 33143	☐ 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

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ 4-14-99 305-444-7344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)