FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

APPROVED
AND
FILED

95 MAY -1 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S20566** (3)

1. Corporation Name

CASTELLON, RICARDO, ZALKA & COMPANY, P.A.

Principal Place of Business	Mailing Address
1790 WEST 49TH STREET SUITE 212 HIALEAH FL 33012	1790 WEST 49TH STREET SUITE 212 HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/24/1990	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 5255 N.W. 87th Ave	26 5255 N.W 87th Ave
Suite, Apt. # etc. 22 301	Suite, Apt. # etc. 27 301
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33178 Country 25 U.S.	Zip 29 33178 Country 30 U.S.

4. FEI Number **65-0234929** ☐ 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. 199.052, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RICARDO, EDWIN 330 CAMINO CORAL GABLES FL 33134	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1 TITLE	☐ Change ☐ Addition
NAME	RICARDO, EDWIN	1 NAME	
STREET ADDRESS	330 CAMILO	1 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1 CITY-ST-ZIP	
TITLE	P	2 TITLE	☐ Change ☐ Addition
NAME	CASTELLON, CARLOS	2 NAME	
STREET ADDRESS	430 SW 136TH PLACE	2 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2 CITY-ST-ZIP	
TITLE	VP	3 TITLE	☐ Change ☐ Addition
NAME	ZALKA, STEPHEN M	3 NAME	
STREET ADDRESS	10481 SW 122ND CT	3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: Stephen M. Zalka, VP Stephen M. Zalka 4/26/95 (305) 941-8166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0081607 CP