FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # S36728 (1)

1. Corporation Name
CARLOS DIAZ-PADRON, PROFESSIONAL ASSOCIATION

Principal Place of Business
~~301 ALMERIA AVE.~~
~~SUITE 315~~
~~CORAL GABLES FL 33134-5822~~

Mailing Address
301 ALMERIA AVE.
~~SUITE 315~~
~~CORAL GABLES FL 33134-5822~~

2. Principal Place of Business
21 250 BIRD ROAD
Suite, Apt. #, etc.
22 SUITE 206
City & State
23 CORAL GABLES, FL
Zip 24 33146 Country 25 USA

2a. Mailing Address
26 250 BIRD ROAD
Suite, Apt. #, etc.
27 SUITE 206
City & State
28 CORAL GABLES, FL
Zip 29 33146 Country 30 USA

3. Date Incorporated or Qualified: 03/11/1991
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0267627 ☐ 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
DIAZ-PADRON, CARLOS
~~301 ALMERIA AVE.~~ 250 BIRD ROAD
~~SUITE 315~~ SUITE 206
~~CORAL GABLES FL 33134~~ CORAL GABLES, FL 33146

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

12. OFFICERS AND DIRECTORS

TITLE	DPS	☐ DELETE
NAME	DIAZ-PADRON, CARLOS	
STREET ADDRESS	301 ALMERIA AVE., #315	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	250 BIRD ROAD, #206	
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33146	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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(3)(k), 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] 5/1/96 304-442-6365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Carlos Diaz-Padron