

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S97431 (8)
1. Corporation Name LAW OFFICE OF LUCIA M. BAEZ, P.A.

Principal Place of Business 135 W. CENTRAL BLVD. SUITE 1000 ORLANDO FL 32801	Mailing Address 135 W. CENTRAL BLVD. SUITE 1000 ORLANDO FL 32801
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**APPROVED
AND
FILED**

95 MAR 21 PM 4: 03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 319 N. Ferncreek Ave. Suite, Apt. #, etc. 22 City & State 23 ORLANDO, FL Zip 24 32803	2a. Mailing Address 25 319 N. Ferncreek Ave. Suite, Apt. #, etc. 27 City & State 28 ORLANDO, FL Zip 29 32803 Country 30 ORANGE	3. Date Incorporated or Qualified 02/03/1991	3a. Date of Last Report 10/31/1994	4. FEI Number 59-3111358	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			

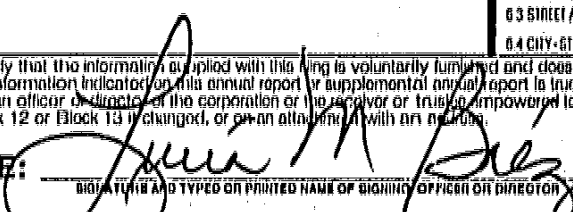
9. Name and Address of Current Registered Agent BAEZ, LUCIA M. 135 W. CENTRAL BLVD. SUITE 1000 ORLANDO FL 32801	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 319 N. Ferncreek Avenue 83 84 City ORLANDO 85 Zip Code FL 32803
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11. 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, 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	P BAEZ, LUCIA M 135 W. CENTRAL BLVD. STE. 1000 ORLANDO FL 32801	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	☐ Change ☐ Addition 319 N. Ferncreek Ave. ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. BAEZ, LUCIA M 135 W. CENTRAL BLVD., STE. 1000 ORLANDO FL 32801	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition 319 N. Ferncreek Ave. ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition

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 110.07(3)(b), 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 addition.

SIGNATURE:  **3-15-95 (407) 894-5297**

(Signature) (Typed Name)