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

APPROVED AND FILED
95 APR 18 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V25351 (0)

1. Corporation Name
BAEZ AND ASSOCIATES, INC.

Principal Place of Business
~~424 SW 63 AVE~~
~~MIAMI FL 33144~~
~~US~~

Mailing Address
~~424 SW 63 AVE~~
~~MIAMI FL 33144~~
~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	434 SW 63 Ave
Suite, Apt. #, etc. 22	
City & State 23	Miami FL
Zip 24	33144
Country 25	
2a. Mailing Address 26	SAME
Suite, Apt. #, etc. 27	
City & State 28	
Zip 29	
Country 30	

3. Date Incorporated or Qualified: 04/01/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0341553 ☐ 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, OSCAR
424 SW 63 AVE
MIAMI FL 33144

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 X [signature] 1/18/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — Date

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BAEZ, OSCAR
STREET ADDRESS	~~424 SW 63 AVE~~ 434 SW 63 Ave
CITY ST ZIP	MIAMI FL
TITLE	~~VSD~~
NAME	~~BAEZ, CARLOS~~ RESIGNED
STREET ADDRESS	~~424 SW 63 AVE~~
CITY ST ZIP	~~MIAMI FL~~
TITLE	~~VTD~~
NAME	~~BAEZ, EMILIO~~ RESIGNED
STREET ADDRESS	~~424 SW 63 AVE~~
CITY ST ZIP	~~MIAMI FL~~
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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(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: X [signature] 1/18/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0156827 CP