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94 AUG 15 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
NORONHA & ASSOCIATES, P.A.

DOCUMENT #
V37622 (0)

Mailing Address	Principal Place of Business
1221 BRICKELL AVE SUITE 1040 MIAMI FL 33131	1221 BRICKELL AVE SUITE 1040 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address (21)	**2a.** Principal Place of Business (26)
Suite, Apt. #, etc (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

3. Date Incorporated or Qualified: 05/20/1992
3a. Date of Last Report: 04/20/1993
4. FEI Number: 65-0381207 ☐ 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
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~MAY ROBERT R~~
~~1221 BRICKELL AVE~~
~~SUITE 1040~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name: BRANCA M. AMARAL
82 Street Address (P.O. Box Number is Not Acceptable): 1221 Brickell Avenue
83 Suite 1040
84 City: Miami FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE [signature] DATE 8/9/94
(Registered Agent Accepting Appointment) NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		**13.** CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE	~~VD~~	1 1 TITLE	D.
1 2 NAME	~~GOZZOLI LUIS ERNESTO R~~	1 2 NAME	DURVAL DE NORONHA GOYOS JR.
1 3 STREET ADDRESS	~~1221 BRICKELL AVE STE 1040~~	1 3 STREET ADDRESS	1221 Brickell Avenue - 1040
1 4 CITY - ST - ZIP	~~MIAMI FL 33131~~	1 4 CITY - ST - ZIP	Miami FL 33131
2 1 TITLE		2 1 TITLE	D.
2 2 NAME		2 2 NAME	ELIANA M. J. Filippozzi
2 3 STREET ADDRESS		2 3 STREET ADDRESS	1221 Brickell Avenue - 1040
2 4 CITY - ST - ZIP		2 4 CITY - ST - ZIP	Miami FL 33131
3 1 TITLE		3 1 TITLE	
3 2 NAME		3 2 NAME	
3 3 STREET ADDRESS		3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP		3 4 CITY - ST - ZIP	
4 1 TITLE		4 1 TITLE	
4 2 NAME		4 2 NAME	
4 3 STREET ADDRESS		4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP		4 4 CITY - ST - ZIP	
5 1 TITLE		5 1 TITLE	
5 2 NAME		5 2 NAME	
5 3 STREET ADDRESS		5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP		5 4 CITY - ST - ZIP	
6 1 TITLE		6 1 TITLE	
6 2 NAME		6 2 NAME	
6 3 STREET ADDRESS		6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP		6 4 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations to account for unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] August 8, 1994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #