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 # **V38695** **(5)**

1. Corporation Name

HOWARD-LUACES ASSOCIATES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
5785 SUNSET DR SOUTH MIAMI FL 33143 US	5785 SUNSET DR SOUTH MIAMI FL 33143 US

2. Principal Place of Business 21 2801 FI AVENUE 22 Suite, Apt. #, etc 23 City & State: COCONUT GROVE FL 24 Zip: 33133 25 Country: USA	2a. Mailing Address 26 2801 FI AVENUE 27 Suite, Apt. # etc 28 City & State: COCONUT GROVE 29 Zip: 33133 30 Country: USA

3. Date Incorporated or Qualified: 05/26/1992

3a. Date of Last Report: 06/15/1995

4. FEI Number: 65-0338889 ☐ 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

LUACES, NICOLAS A.
5785 SUNSET DR
SOUTH MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 2801 FI. AVENUE

83

84 City: COCONUT GROVE FL 85 Zip Code: 33133

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: NICOLAS A. LUACES 8.1.96
Signature of Officer or Director of Registered Agent (NOTE: Registered Agent Signature Required When Filing) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	HOWARD, JEFFREY E.		1.2 NAME		
STREET ADDRESS	5785 SUNSET DRIVE		1.3 STREET ADDRESS	2801 FI AVENUE	
CITY-ST-ZIP	SOUTH MIAMI FL		1.4 CITY-ST-ZIP	COCONUT GROVE, FI 33133	
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	LUACES, NICOLAS A.		2.2 NAME		
STREET ADDRESS	5785 SUNSET DRIVE		2.3 STREET ADDRESS	2801 FI AVENUE	
CITY-ST-ZIP	SOUTH MIAMI FL		2.4 CITY-ST-ZIP	COCONUT GROVE, FI 33133	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: Jeffrey Howard 8.1.96 (305) 446 4088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number