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FILED

Feb 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V38745 (8)

1. Corporation Name
DURAN & PEARSALL, ATTORNEYS AT LAW, P.A.

Principal Place of Business

~~330 BISCAYNE BOULEVARD
SUITE 550
MIAMI FL 33132
US~~

Mailing Address

~~330 BISCAYNE BOULEVARD
SUITE 550
MIAMI FL 33132-2243
US~~



2. Principal Place of Business

21 1221 Brickell Ave.

Suite, Apt. #, etc.

22 SUITE 943

City & State

23 MIAMI

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 1221 Brickell Ave.

Suite, Apt. #, etc.

27 Suite 943

City & State

28 MIAMI

Zip

29 33131

Country

30 USA

3. Date Incorporated or Qualified

05/22/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0337062

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

DURAN, SARAH A
~~330 BISCAYNE BLVD
SUITE 550
MIAMI FL 33132~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1221 Brickell Ave.

83 Suite 943

84 City

MIAMI

FL

85 Zip Code

33131

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS PEARSALL, MACK B JR
CITY-ST-ZIP 330 BISCAYNE BLVD STE 350
MIAMI FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS DURAN, SARAH A
CITY-ST-ZIP 330 BISCAYNE BLVD STE 550
MIAMI 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1221 Brickell Ave, Suite 943
1.4 CITY-ST-ZIP MIAMI FL 33131

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 1221 Brickell Ave., Suite 943
2.4 CITY-ST-ZIP MIAMI, FL 33131

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 ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

305-347-5189

CR2E034 (9/96)