

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -7 AM 9: 37

DOCUMENT # **464273** (2)

1. Corporation Name
DRS. RIEMER, BARROW, GOULD & CARTAGENA, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**8900 S.W. 88TH ST.
MIAMI FL 33176** **8900 S.W. 88TH ST.
MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/01/1974** 3a. Date of Last Report **03/25/1994**

4. FEI Number **59-1559063** 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

2. Principal Place of Business 2b. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**RIEMER, WILLIAM E.
8900 SW 88TH ST
MIAMI FL 33176**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **MIAMI** FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0509 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 his or her title

DATE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RIEMER, WILLIAM
STREET ADDRESS	8900 S.W. 88TH ST.
CITY- ST- ZIP	MIAMI FL
TITLE	SD
NAME	LD, EDWIN W.
STREET ADDRESS	GOULD, EDWIN W.ST.
CITY- ST- ZIP	MIAMI FL
TITLE	TD
NAME	BARROW, JAMES
STREET ADDRESS	8900 S.W. 88TH ST.
CITY- ST- ZIP	MIAMI FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<i>Gould, Edwin</i>
23 STREET ADDRESS	<i>8900 SW 88th st.</i>
24 CITY- ST- ZIP	<i>Miami, FL</i>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<i>V/D</i>
43 STREET ADDRESS	<i>CARTAGENA, Jr., Norberto</i>
44 CITY- ST- ZIP	<i>8900 SW 88th St. Miami, FL</i>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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. 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 on Block 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE: *William E. Riemer* **WILLIAM E. RIEMER** *2/22/95* **205 5966525**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Number