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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

495948

(2)

FORD, DOMNICK, WOLF & LOPEZ-ALBEAR, P.A.

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1.   Name and Address of Current Registered Agent   10   Name and Address of New Registered Agent   11   Name and Address of New Registered Agent   12   Name and Address of New Registered Agent   13   Name and Address (P.O. Box Number is Not Acceptable)   13   Name and Address (P.O. Box Number is Not Acceptable)   14   Name and Address (P.O. Box Number is Not Acceptable)   14   Name and Address (P.O. Box Number is Not Acceptable)   15   Name and Acceptable (P.O. Box Number is Not Acceptable)   15   Name and Acceptable (P.O. Box Number is Not Acceptable)   15   Name and Acceptable (P.O. Box Number is Not Acceptable)   15   Name and Acceptable (P.O. Box Number is Not Acceptable)   15   Name and Acceptable (P.O. Box Number is Not Acceptable (P.O. Box Number is Not Acceptable (	— `			F7	Zp	<u> </u>					_ ~	tax under s	199.032,	
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MIAMI FL 33156				3			82	St	reet Addres	ss (P.O. Box Number is Not Acceptal	ole)			
11. Pursuant to the provisions of Sections 607 (M/O) and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of change its registered agent. or both, in the State of Florida. Such change was authorized by the corporation's board of directors. It hereby accept the appointment as registered agent. I am this and accept the obligations of Socion 607,0505. Florida Statutes  SIGNATURE  SIGNATURE  SIGNATURE  OF HICLES AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INTE  PO							83							
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12.   OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE													
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14. I do hereby certify that the information supplied with this fling is voluntarily furnished and closs 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 12 if changed or on an absolute with an address.

SIGNATURE:

HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

3/13/96 385 670 2000

CR2E034 (12/95)