

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

**APPROVED  
AND  
FILED**

**DOCUMENT # 522259**

**(1)**

1. Corporation Name

**ROBERT S. MANDEL, P.A.**

95 APR -4 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

9100 S. DADELAND BL  
SUITE 1121  
MIAMI FL 33156-7836  
US

9100 S. DADELAND BL  
SUITE 1121  
MIAMI FL 33156-7836  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/09/1976

3a. Date of Last Report

04/26/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1705731

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under §. 199.032,  
Florida Statutes  Yes  No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANDEL, ROBERT S ESQ  
9100 S. DADELAND BL  
SUITE 1121  
MIAMI FL 33156**

81 Name

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

83

84 City

**FL**

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DP  
MANDEL, ROBERT S  
9100 S. DADELAND #1121  
MIAMI FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**S  
MANDEL, RONA C  
9100 S. DADELAND #1121  
MIAMI FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

Change  Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

Change  Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

Change  Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

Change  Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

Change  Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

Change  Addition

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 110.07(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 13, as applicable, on an attachment with an address.

SIGNATURE:

ROBERT S. MANDEL, SECRETARY OF SIGNING OFFICER OR DIRECTOR

March 31, 1995

(305) 670-0671