

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 522259 (1)**

1. Corporation Name  
**ROBERT S. MANDEL, P.A.**



Principal Place of Business <del>9100 S. DADELAND BL</del> <del>SUITE 1121</del> <del>MIAMI FL 33156-7836</del> US	Mailing Address <del>9100 S. DADELAND BL</del> <del>SUITE 1121</del> <del>MIAMI FL 33156-7836</del> US
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2. Principal Place of Business 21 <b>7100 N. Kendall Drive</b> Suite, Apt. #, etc. 22 <b>Suite 210</b> City & State 23 <b>Miami, FL 33156-7839</b> Zip Country 24 <b>33156-7839</b> 25 <b>US</b>	2a. Mailing Address 26 <b>7100 N. Kendall Drive</b> Suite, Apt. #, etc. 27 <b>Suite 210</b> City & State 28 <b>Miami, FL 33156-7839</b> Zip Country 29 <b>33156-7839</b> 30 <b>US</b>
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3. Date Incorporated or Qualified <b>12/09/1976</b>	3a. Date of Last Report <b>04/04/1995</b>
4. FEI Number <b>59-1705731</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent <b>MANDEL, ROBERT S ESQ</b> <b>9100 S. DADELAND BL</b> <b>SUITE 1121</b> <b>MIAMI FL 33156</b>				10. Name and Address of New Registered Agent			
81 Name	<b>MANDEL, ROBERT S. ESQ.</b>			85 Zip Code	<b>33156</b>		
82 Street Address (P.O. Box Number is Not Acceptable)	<b>7100 N. Kendall Drive</b>						
83	<b>Suite 210</b>						
84 City	<b>Miami,</b>	FL					

11. Pursuant to the provisions of Sections 607.0503 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *Robert S. Mandel* DATE: **April 18, 1996**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <b>address</b>
NAME	<b>MANDEL, ROBERT S</b>	1.2 NAME	
STREET ADDRESS	<del>9100 S. DADELAND #1121</del>	1.3 STREET ADDRESS	<b>7100 N. Kendall Dr, #210</b>
CITY - ST - ZIP	<del>MIAMI FL</del>	1.4 CITY - ST - ZIP	<b>Miami, FL 33156</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <b>address</b>
NAME	<b>MANDEL, RONA C</b>	2.2 NAME	
STREET ADDRESS	<del>9100 S. DADELAND #1121</del>	2.3 STREET ADDRESS	<b>7100 N. Kendall Dr, #210</b>
CITY - ST - ZIP	<del>MIAMI FL</del>	2.4 CITY - ST - ZIP	<b>Miami, FL 33156</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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; 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, changed on an attachment with an address.

SIGNATURE: *Robert S. Mandel* DATE: **April 18, 1996** (305) 670-0671

CR2E034 (12/95)