

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **573965** (1)

1. Corporation Name
KAUFMAN, ROSSIN & CO., A PROFESSIONAL ASSOCIATION



Principal Place of Business: **2699 S BAYSHORE DR MIAMI FL 33133**
Mailing Address: **2699 S BAYSHORE DR MIAMI FL 33133**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **06/01/1978**
3a. Date of Last Report: **04/14/1995**
4. FEI Number: **59-1818353**
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

**ROSSIN, JAY C.P.A.
2699 S. BAYSHORE DRIVE
MIAMI FL 33133**

10. Name and Address of New Registered Agent

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 607.1506, 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 of applicant) (NOTE: Registered Agent's signature required when first filing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: KAUFMAN, JAMES R	1. TITLE:	Change Addition
STREET ADDRESS: 2699 S BAYSHORE DR #500	CITY-STATE-ZIP: MIAMI FL	2. NAME:	
TITLE: ST	NAME: ROSSIN, JAY H	13. STREET ADDRESS:	Change Addition
STREET ADDRESS: 2699 S BAYSHORE DR #500	CITY-STATE-ZIP: MIAMI FL	14. CITY-STATE-ZIP:	
TITLE: VD	NAME: STONE, ROBERT A	2. TITLE:	Change Addition
STREET ADDRESS: 2699 S BAYSHORE DR #500	CITY-STATE-ZIP: MIAMI FL	22. NAME:	
TITLE: VD	NAME: FARRA, MIGUEL G	23. STREET ADDRESS:	Change Addition
STREET ADDRESS: 2699 S BAYSHORE DR #500	CITY-STATE-ZIP: MIAMI FL	24. CITY-STATE-ZIP:	
TITLE: VD	NAME: MICHELSON, GERALD A	3. TITLE:	Change Addition
STREET ADDRESS: 2699 S BAYSHORE DR #500	CITY-STATE-ZIP: MIAMI FL	32. NAME:	
TITLE: VD	NAME: DAVIS, STEVEN A	33. STREET ADDRESS:	Change Addition
STREET ADDRESS: 2699 S BAYSHORE DR #500	CITY-STATE-ZIP: MIAMI FL	34. CITY-STATE-ZIP:	
		4. TITLE:	Change Addition
		42. NAME:	
		43. STREET ADDRESS:	Change Addition
		44. CITY-STATE-ZIP:	
		5. TITLE:	Change Addition
		52. NAME:	
		53. STREET ADDRESS:	Change Addition
		54. CITY-STATE-ZIP:	
		6. TITLE:	Change Addition
		62. NAME:	
		63. STREET ADDRESS:	Change Addition
		64. CITY-STATE-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 if changed, or on an attachment with an address.

SIGNATURE: *Jay Rossin* 5/8/96 308 858-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)