

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

1

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**

**97 JUL -2 PM 2: 57**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 33133-5408**

3. Date Incorporated or Qualified **06/01/1978** 3a. Date of Last Report **04/11/1996**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-1818353</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip	25. Country	29. Zip	30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>ROSSIN, JAY C.P.A. 2699 S. BAYSHORE DRIVE MIAMI FL 33133</b>		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City	<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAUFMAN, JAMES R</b>	1.2 NAME	
STREET ADDRESS	<b>2699 S BAYSHORE DR #500</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSSIN, JAY H</b>	2.2 NAME	
STREET ADDRESS	<b>2699 S BAYSHORE DR #500</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STONE, ROBERT A</b>	3.2 NAME	<b>000002232590--6</b>
STREET ADDRESS	<b>2699 S BAYSHORE DR #500</b>	3.3 STREET ADDRESS	<b>-07/08/97--01040--003</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	<b>***165.00 ***165.00</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FARRA, MIGUEL G</b>	4.2 NAME	
STREET ADDRESS	<b>2699 S BAYSHORE DR #500</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICHELSON, GERALD A</b>	5.2 NAME	
STREET ADDRESS	<b>2699 S BAYSHORE DR #500</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, STEVEN A</b>	6.2 NAME	
STREET ADDRESS	<b>2699 S BAYSHORE DR #500</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, the receiver or trustee of the corporation, or the person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change of appointment with an address.

SIGNATURE: *[Signature]* **TAV H P... 4/27/97 305-858-5117**

CR27034 (9/96)

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**KAUFMAN  
ROSSIN &  
CO.** PROFESSIONAL  
ASSOCIATES

CERTIFIED PUBLIC ACCOUNTANTS

2699 SOUTH BAYSHORE DRIVE  
MIAMI, FLORIDA 33133-5486

June 24, 1997

**CERTIFIED - RETURN RECEIPT REQUESTED**

Annual Report Filings  
Division of Corporations  
Post Office Box 1500  
Tallahassee, FL 32302-1500

Gentlemen:

In processing our May bank reconciliation it came to my attention the check we submitted with our Annual Report had not yet cleared. I called and spoke to Angela who confirmed the check had not been received. I had sent the check regular U.S. Mail. Angela instructed me to send a re-signed photocopy of the original application and a second check in the amount of \$165.00. I have also included a photocopy of the application as it appeared originally and my transmittal letter.

Please note the enclosed check #22613 dated June 24, 1997 in the amount of \$165.00 replaces our originally issued check #22004 dated April 22, 1997. If check #22004 is received we ask that you return it to my attention at your earliest convenience.

I apologize for any inconvenience the US mail may have caused and if you have any questions you may reach me at the number shown below. Thanking you in advance for your cooperation in this matter.

Very truly yours,

KAUFMAN, ROSSIN & CO., P.A.

Susanna L. Luslett  
Controller

/sll  
enclosures