

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandia B. Merham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 599600

(4)

1. Corporation Name

VICIANA & SHAFER, P.A.



Principal Place of Business

2600 DOUGLAS ROAD
PENTHOUSE 8
CORAL GABLES FL 33134

Main Office Address

2600 DOUGLAS ROAD
PENTHOUSE 8
CORAL GABLES FL 33134

2. Foreign Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
01/31/1979

3a. Date of Last Report
01/20/1995

21. State, Apt. #, etc.

26. State, Apt. #, etc.

4. FEI Number
59-2718428

Applied for Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 s. 190.032, Florida Statutes Yes No

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENRIQUE, VICIANA, CPA
2600 DOUGLAS ROAD
PENTHOUSE 8
CORAL GABLES FL 33134

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Name of the person signing this report (Print Name)

Name of the Registered Agent (Print Name)

Date

12. OFFICERS AND DIRECTORS

1. TITLE	PD	<input type="checkbox"/> DELETE
2. NAME	VICIANA, ENRIQUE	
3. STREET ADDRESS	2600 DOUGLAS RD.	
4. CITY, STATE, ZIP	CORAL GABLES FL	
5. TITLE	ST	<input type="checkbox"/> DELETE
6. NAME	SHAFER, AIDA	
7. STREET ADDRESS	2600 DOUGLAS ROAD	
8. CITY, STATE, ZIP	CORAL GABLES FL	
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, STATE, ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, STATE, ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE		
2. NAME		
3. STREET ADDRESS		
4. CITY, STATE, ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, STATE, ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, STATE, ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, STATE, ZIP		

14. I do hereby certify that the information supplied with this form 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 form in respect of supplemental annual report is true and accurate, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, the receiver or trustee, or person in power to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Enriqua*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ENRIQUE VICIANA

1/12/96 (305) 446-0969

CR2E034 (12/95)