

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 # **F84630 (5)**
1. Corporation Name
ENCORE INVESTMENTS, INC.



Principal Place of Business Mailing Address
~~9100 S. DADELAND BLVD., #1121~~ ~~9100 S. DADELAND BLVD., #1121~~
~~MIAMI FL 33156-7836~~ ~~MIAMI FL 33156-7836~~

2. Principal Place of Business 2a. Mailing Address
21 7100 N. Kendall Drive 26 7100 N. Kendall Drive
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 210 27 Suite 210
City & State City & State
23 Miami, Florida 28 Miami, Florida
Zip Country Zip Country
24 33156-7839 25 US 29 33156-7839 30 US

3. Date incorporated or Qualified 3a. Date of Last Report
06/09/1982 **04/04/1995**
4. FEI Number Applied For
59-2266901 Not Applicable
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
MANDEL, ROBERT S
~~9100 S. DADELAND BLVD., #1121~~
~~MIAMI FL 33156~~

10. Name and Address of New Registered Agent
81 Name **MANDEL, ROBERT S.**
82 Street Address (P.O. Box Number is Not Acceptable)
7100 N. Kendall Drive
83 **Suite 210**
84 City **Miami,** FL 85 Zip Code **33156**

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 *Robert S. Mandel* April 18, 1996
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change address
NAME	MANDEL, ROBERT S	1.2 NAME	
STREET ADDRESS	9100 S. DADELAND BD, #1121	1.3 STREET ADDRESS	7100 N. Kendall Dr, #210
CITY - ST - ZIP	MIAMI FL 33156	1.4 CITY - ST - ZIP	Miami, FL 33156
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change address
NAME	MANDEL, RONA	2.2 NAME	
STREET ADDRESS	9100 S. DADELAND BD, #1121	2.3 STREET ADDRESS	7100 N. Kendall Dr, #210
CITY - ST - ZIP	MIAMI FL 33156	2.4 CITY - ST - ZIP	Miami, FL 33156
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 if changed, or on an attachment with an address.

SIGNATURE: *Robert S. Mandel* April 18, 1996 (305) 670-0671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)