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**Feb 10 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K50378

(4) NC 12/31/96

1. Corporation Name

~~LUCIO, MANDLER, CROLAND, BRONSTEIN & GARBETT, P.A.~~

LUCIO, MANDLER, CROLAND, BRONSTEIN, GARBETT, STIPHANY & MARTINEZ, P.A.



Principal Place of Business

**701 BRICKELL AVE. SUITE 2000
MIAMI FL 33131**

Mailing Address

**701 BRICKELL AVE. SUITE 2000
MIAMI FL 33131-2860**

3. Date Incorporated or Qualified **12/09/1988** 3a. Date of Last Report **08/12/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number **65-0089263** Applied For 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

**WLJC REGISTERED AGENTS, INC
701 BRICKELL AVE, SUITE 2000
MIAMI FL 33131**

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 607.1508, 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	SD <input type="checkbox"/> DELETE
NAME	CROLAND, LESLIE J.
STREET ADDRESS	701 BRICKELL AVE #2000
CITY-ST-ZIP	MIAMI FL 33131
TITLE	PD <input type="checkbox"/> DELETE
NAME	LUCIO, SATURNINO E., II
STREET ADDRESS	701 BRICKELL AVE #2000
CITY-ST-ZIP	MIAMI FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	MANDLER, JEFFREY L.
STREET ADDRESS	701 BRICKELL AVE #2000
CITY-ST-ZIP	MIAMI FL 33131
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	STEELE, CLIFFORD R.
STREET ADDRESS	701 BRICKELL AVE., #2000
CITY-ST-ZIP	MIAMI FL 33131
TITLE	MVD <input type="checkbox"/> DELETE
NAME	BRONSTEIN, PETER E
STREET ADDRESS	701 BRICKELL AVE. #2000
CITY-ST-ZIP	MIAMI FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	GARBETT, DAVID S.
STREET ADDRESS	701 BRICKELL AVE. #2000
CITY-ST-ZIP	MIAMI FL

1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STIPHANY, GARY S.
1.3 STREET ADDRESS	701 BRICKELL AVE #2000
1.4 CITY-ST-ZIP	MIAMI, FL 33131
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARTINEZ, ELIO F., JR.
2.3 STREET ADDRESS	701 BRICKELL AVE #2000
2.4 CITY-ST-ZIP	MIAMI, FL 33131
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	400002083364
6.3 STREET ADDRESS	-02/11/97--01042--039
6.4 CITY-ST-ZIP	***165.00

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 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: *Leslie Croland* 2/4/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (9/96)