FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M14319 (1)

1. Corporate Name

SUGARMAN AND SUSSKIND, P.A.

Principal Place of Business: 5959 BLUE LAGOON DRIVE #150, MIAMI FL 33126

Mailing Address: 5959 BLUE LAGOON DRIVE #150, MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1985

3a. Date of Last Report: 03/18/1994

4. FEI Number: 59-2539792 — 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. [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Street Address	27 Street Address
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SUSSKIND, HOWARD S.
5959 BLUE LAGOON DR.,STE.150
MIAMI FL 33126

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 Section 607.0505 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

12. OFFICERS AND DIRECTORS

Title	D
Name	SUSSKIND, HOWARD S.
Street Address	5959 BLUE LAGOON DR #150
City-St-Zip	MIAMI FL
Title	DP
Name	SUGARMAN, ROBERT A.
Street Address	5959 BLUE LAGOON DR #150
City-St-Zip	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

(Title / Name / Street Address / City-St-Zip — [ ] Change [ ] Addition — blank)

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, 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/1/95 Daytime Phone: (305)264-2121

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