

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

APPROVED AND FILED

95 APR 26 AM 8:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # M43856 (7)

1. Corporation Name
IRA SHAPIRO & CO.

Principal Place of Business (Mailing Address)
**1083 E. 24 STREET
HALEAH FL 33013
US**

~~G/O RASSNER, RASSNER, KRAMER & GOLD
7000 O.W. 02 AVE PH B
SOUTH MIAMI FL 33143-6718
US~~

2. Principal Place of Business
21 **1083 E. 24 Street**

Suite, Apt. #, etc.
22

City & State
23 **Hialeah, FL**

Zip
24 **33013** Country
25 **USA**

3. Date Incorporated or Qualified
12/24/1986

3a. Date of Last Report
04/11/1994

4. FEI Number
59-2751534

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**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes
 Yes No

9. Name and Address of Current Registered Agent

~~RASSNER, RASSNER, KRAMER & GOLD
7000 O.W. 02 AVE.
PLAZA 7000, SUITE 500
S. MIAMI FL 33143~~

10. Name and Address of New Registered Agent

81 Name **RASSNER, WAYNE H.**

82 Street Address (P.O. Box Number is Not Acceptable)
7700 NORTH KENDALL DRIVE

83 **SUITE 803**

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: *[Signature]* DATE: **2/27/95**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHAPIRO, IRA S.
STREET ADDRESS	10810 S.W. 69TH CT.
CITY - ST - ZIP	MIAMI FL
TITLE	STD
NAME	SHAPIRO, SUSAN N.
STREET ADDRESS	10810 S.W. 69TH CT.
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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 addition.

SIGNATURE: *[Signature]* DATE: **4/20/95** (305) 835-6616

SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR
Susan N. Shapiro