

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

FILED
Apr 23 1996 8:00 am
Secretary of State

DOCUMENT # M44214 (8)

1. Corporation Name
ADORNO & ZEDER, P.A.

Principal Place of Business: **2601 S. BAYSHORE DRIVE SUITE 1600 MIAMI FL 33133**
Mailing Address: **2601 S. BAYSHORE DRIVE SUITE 1600 MIAMI FL 33133**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/30/1986		3a. Date of Last Report 01/30/1995	
21	22	23	24	25	26	27	28
Suite, Apt. #, etc.		City & State		Zip		Country	
21		22		23		24	
Suite, Apt. #, etc.		City & State		Zip		Country	
25		26		27		28	
Suite, Apt. #, etc.		City & State		Zip		Country	
29		30		31		32	
Suite, Apt. #, etc.		City & State		Zip		Country	

4. FEI Number 59-2746043		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent ADORNO, HENRY N. 2601 SOUTH BAYSHORE DRIVE SUITE 1600 MIAMI FL 33133				10. Name and Address of New Registered Agent			
81 Name Brian K. Goodkind				82 Street Address (P.O. Box Number is Not Acceptable) 2601 S. Bayshore Drive			
83 Suite 1600				84 City Miami,			
				FL		85 Zip Code 33133	

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: DATE: **4-15-96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ADORNO, HENRY N.			1.2 NAME			
STREET ADDRESS	2601 S BAYSHORE DR. 1600			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOODKIND, BRIAN K.			2.2 NAME			
STREET ADDRESS	2601 S BAYSHORE DR. 1600			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLOOMBERG MITCHELL R.			3.2 NAME			
STREET ADDRESS	2601 S BAYSHORE DR. 1600			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZEDER, JON W.			4.2 NAME			
STREET ADDRESS	2601 S BAYSHORE DR. 1600			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YOSS, GEORGE T.			5.2 NAME			
STREET ADDRESS	2601 S BAYSHORE DR. 1600			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			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: DATE: **3-25-96** DAYTIME PHONE #: **305-860-7072**

CR2E034 (12/95)