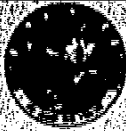


**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 31 AM 11:16

DOCUMENT # M73303 (3)

1. Corporation Name
ROBERT FINE AND ASSOCIATES, INC.

Principal Place of Business 4211 AURORA ST CORAL GABLES FL 33146 US	Mailing Address 4211 AURORA ST CORAL GABLES FL 33146 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/17/1988	3a. Date of Last Report 05/01/1994
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2. Principal Place of Business 21	2a. Mailing Address 25	4. FEI Number 65-0040911	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	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

**HABER, DAVID B E
1 BISCAYNE TWR
STE 3250 2 SO BISCAYNE BLVD
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
85 Zip Code

FL

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, Title or printed name of registered agent and title of corporation (833). Registered Agent signature required after registration. DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	FINE, ROBERT
STREET ADDRESS	10051 S.W. 63 AVE.
CITY, ST, ZIP	MIAMI FL
TITLE	DVS
NAME	FINE, ISABEL
STREET ADDRESS	10051 S.W. 63 AVE.
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	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	FINE, ROBERT	ADDRESS ONLY
13 STREET ADDRESS	360 SOLANO PRADO	
14 CITY, ST, ZIP	CORAL GABLES, FLA 33146	
21 TITLE	DVS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	FINE, ISABEL	
23 STREET ADDRESS	360 SOLANO PRADO	
24 CITY, ST, ZIP	CORAL GABLES, FLORIDA 33146	
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 I know not qualify for the exemption stated in Section 119.02(3)(b), 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 change is being an attachment with this filing.

SIGNATURE:

Isabel Fine
SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

ROBERT FINE
ISABEL FINE
3-27-95 (305) 444-3590