

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000008098 (4)**

1. Corporation Name
WILLIAM A. BERRY & ASSOCIATES, INC.



Principal Place of Business: **3251 PONCE DE LEON BLVD SUITE 200 CORAL GABLES FL 33134**
Mailing Address: **3251 PONCE DE LEON BLVD SUITE 200 CORAL GABLES FL 33134**

21	2. Principal Place of Business	2a	Mailing Address
22	State, Apt. #, etc.	27	State, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3.	Date first organized or chartered	3a.	Date of Last Report
	01/29/1993		08/02/1995
4.	FBI Number	Applied For	
	65-0392563	<input type="checkbox"/> Not Applicable	
5.	Certificate of Status Desired	<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FATEMIAN, SAEED
3251 PONCE DE LEON BLVD
SUITE 200
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0602 and 607.1002, Florida Statutes, for 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 607.0602, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	FATEMIAN, SAEED	
STREET ADDRESS	3251 PONCE DE LEON BLVD., STE. 200	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	DE YURRE, ZOILA	
STREET ADDRESS	3251 PONCE DE LEON BLVD, STE. 200	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied to this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 responsible for the 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: **M. Saeed Fatemian, P.E.**

2 April 1996 (305) 444-3045

CR2E034 (12/95)