

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000023518 (2)**

1. Corporation Name
NELSON SLOSBERGAS, P.A.



Principal Place of Business: **520 BRICKELL KEY DR SUITE O-305 MIAMI FL 33131**
Mailing Address: **520 BRICKELL KEY DR SUITE O-305 MIAMI FL 33131**

2. Principal Place of Business: **501 Brickell Key Dr. Suite 400 Miami, Florida 33131 U.S.A.**
2a. Mailing Address: **501 Brickell Key Dr. Suite 400 Miami, Florida 33131 U.S.A.**

3. Date Incorporated or Qualified: **03/29/1993**
3a. Date of Last Report: **02/10/1995**
4. FEI Number: **65-0398895**
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: Yes No

9. Name and Address of Current Registered Agent:
**SLOSBERGAS, NELSON
520 BRICKELL KEY DR
SUITE O-305
MIAMI FL 33131**

10. Name and Address of New Registered Agent:
81. Name: **Slosbergas, Nelson**
82. Street Address (P.O. Box Number is Not Acceptable): **501 Brickell Key Drive**
83. **Suite 400**
84. City: **Miami** 85. State: **FL** 86. Zip Code: **33131**

11. Pursuant to the provisions of Sections 607.0602 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS

1. TITLE: D	<input type="checkbox"/> DELETE
2. NAME: SLOSBERGAS, NELSON	
3. STREET ADDRESS: 520 BRICKELL KEY DR SUITE O-305	
4. CITY-STATE-ZIP: MIAMI FL 33131	
5. TITLE: _____	<input type="checkbox"/> DELETE
6. NAME: _____	
7. STREET ADDRESS: _____	
8. CITY-STATE-ZIP: _____	
9. TITLE: _____	<input type="checkbox"/> DELETE
10. NAME: _____	
11. STREET ADDRESS: _____	
12. CITY-STATE-ZIP: _____	
13. TITLE: _____	<input type="checkbox"/> DELETE
14. NAME: _____	
15. STREET ADDRESS: _____	
16. CITY-STATE-ZIP: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: SLOSBERGAS, NELSON	
3. STREET ADDRESS: 501 Brickell Key Drive, Suite 400	
4. CITY-STATE-ZIP: Miami, Florida 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5. TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME: SLOSBERGAS, IVIAN	
7. STREET ADDRESS: 501 Brickell Key Drive, Suite 400	
8. CITY-STATE-ZIP: Miami, Florida 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE: VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME: SLOSBERGAS, IVIAN	
11. STREET ADDRESS: 501 Brickell Key Drive, Suite 400	
12. CITY-STATE-ZIP: Miami, Florida 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME: _____	
15. STREET ADDRESS: _____	
16. CITY-STATE-ZIP: _____	
17. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME: _____	
19. STREET ADDRESS: _____	
20. CITY-STATE-ZIP: _____	

14. I do hereby certify that the information furnished herein is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, its manager 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 of this report, or in a name and address listed with an address.

SIGNATURE:  **2/2/96** **(30)3740030**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)