

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000044626 (8)
 1. Corporation Name
ALFRED R. CAMNER, PROFESSIONAL ASSOCIATION



Principal Place of Business 1221 BRICKELL AVENUE SUITE 2600 MIAMI FL 33131	Mailing Address 1221 BRICKELL AVENUE SUITE 2600 MIAMI FL 33131-3260
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2. Principal Place of Business 21 550 Biltmore Way Suite, Apt. #, etc. 22 Suite 700 City & State 23 Coral Gables, Florida Zip Country 24 33134 25 Dade	2a. Mailing Address 26 550 Biltmore Way Suite, Apt. #, etc. 27 Suite 700 City & State 28 Coral Gables, Florida Zip Country 29 33134 30 Dade	3. Date Incorporated or Qualified 06/17/1993	3a. Date of Last Report 07/17/1996
		4. FEI Number 65-0419363	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CAMNER, ALFRED R 1221 BRICKELL AVENUE SUITE 2600 MIAMI FL 33131				10. Name and Address of New Registered Agent			
81 Name		82 Street Address (P.O. Box Number is Not Acceptable) 550 Biltmore Way					
83		Suite 700					
84 City		Coral Gables		85 Zip Code FL 33134			

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, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D,P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMNER, ALFRED R	1.2 NAME	
STREET ADDRESS	1221 BRICKELL AVENUE, SUITE 2600	1.3 STREET ADDRESS	550 Biltmore Way, Suite 700
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	Coral Gables, Florida 33134
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	S,T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Ford, Earline G.
STREET ADDRESS		2.3 STREET ADDRESS	550 Biltmore Way, #700
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ (305) 442-1994

CR2E034 (9/96)