

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 PM 3: 05

DOCUMENT # P93000061691 (0)

1. Corporation Name
SALE & KUEHNE, P.A.

Principal Place of Business Mailing Address
601 BRICKELL KEY DR.
#500
MIAMI FL 33131-2651
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/02/1993
3a. Date of Last Report 05/01/1994

2. Principal Place of Business 2a. Mailing Address
21 100 S.E. 2d Street 26 100 S.E. 2d Street

4. FEI Number 65-0433607
Applied For Not Applicable

Suite, Apt. #, etc. #2100
City & State Miami, Florida

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 #2100 27 #2100
City & State Miami, Florida

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Miami, Florida 28 Miami, Florida
Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24 33131-2154 25 USA 29 33131-2154 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TROP, MICHAEL L ESO
200 EAST LAS OLAS BLVD.
STE. 1900
FT LAUDERDALE FL 33301

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

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 title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	SALE, JON A
STREET ADDRESS	601 BRICKELL KEY DR., #500
CITY- ST- ZIP	MIAMI FL
TITLE	S
NAME	KUEHNE, BENEDICT P
STREET ADDRESS	601 BRICKELL KEY DR., #500
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	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sale, Jon A.
1.3 STREET ADDRESS	100 S.E. 2d Street, #2100
1.4 CITY- ST- ZIP	Miami, Florida 33131-2154
2.1 TITLE	Secretary/Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kuehne, Benedict P.
2.3 STREET ADDRESS	100 S.E. 2d Street
2.4 CITY- ST- ZIP	Miami, Florida 33131-2154
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 changed, or on an attachment with an address.

SIGNATURE: Benedict P. Kuehne SECRETARY 1/13/95 305/789-5989