FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 17 PM 3:24

DOCUMENT # **P94000048892 (1)**

1. Corporation Name
MALCA AND JACOBS, P.A.

Principal Place of Business
866 S DIXIE HWY
CORAL GABLES FL 33146

Mailing Address
866 S DIXIE HWY
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualified: 06/30/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Street, Apt. #, etc. — 22
Street, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 65-0501914 — Applied For / Not Applicable

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

LAMONT & NEIMAN, P.A.
ONE BISCAYNE TOWER, SUITE 3550
TWO SOUTH 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 — 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 of a Corporate Officer or Director of the Corporation or Registered Agent (if registered agent changes only) — Date

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MALCA, RAMON
STREET ADDRESS	866 S DIXIE HWY
CITY, ST, ZIP	CORAL GABLES FL 33146
TITLE	D
NAME	JACOBS, JEFFREY I
STREET ADDRESS	866 S DIXIE HWY
CITY, ST, ZIP	CORAL GABLES FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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 1.

11 TITLE	[ ] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	[ ] Change [ ] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	[ ] Change [ ] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is true and complete and does not modify or withdraw any earlier statement with respect to any matter required to be reported by Section 607.0502(6), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and complete and that my signature shall have the same legal effect and validity as if made under oath. That I am aware of and agree that the corporation is subject to administrative dissolution for failure to file the report as required by Chapter 607, Florida Statutes, and that my name appears on the Board of Directors or as the President or Director.

SIGNATURE: RAMON MALCA, President
SIGNATURE AND TYPED OR PRINTED NAME OF A CORPORATE OFFICER OR DIRECTOR

2/13/95 — Date
305-666-8555 — Daytime Phone

0160310 CP