

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 JAN 30 PM 12:18

DOCUMENT # M44214 (8)

1. Corporation Name

ADORNO & ZEDER, P.A.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business **Mailing Address**
2601 S. BAYSHORE DRIVE SUITE 1600 2601 S. BAYSHORE DRIVE SUITE 1600
MIAMI FL 33133 MIAMI FL 33133

3. Date Incorporated or Qualified 3a. Date of Last Report
12/30/1986 **03/17/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2746043		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		☐ \$6.75 Additional Fee Required	
22		27		6. Election Campaign Financing		☐ \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		☐	
23		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		☐ Yes ☐ No	
Zip		Country		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent

**ADORNO, HENRY N.
2601 SOUTH BAYSHORE DRIVE SUITE 1600
MIAMI FL 33133**

10. Name and Address of New Registered Agent

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

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	ADORNO, HENRY N.	1.2 NAME	
STREET ADDRESS	2601 S BAYSHORE DR. 1600	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	GOODKIND, BRIAN K.	2.2 NAME	
STREET ADDRESS	2601 S BAYSHORE DR. 1600	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	BLOOMBERG MITCHELL R.	3.2 NAME	
STREET ADDRESS	2601 S BAYSHORE DR. 1600	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	ZEDER, JON W.	4.2 NAME	
STREET ADDRESS	2601 S BAYSHORE DR. 1600	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	YOSS, GEORGE T.	5.2 NAME	
STREET ADDRESS	2601 S BAYSHORE DR. 1600	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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: *Mitchell R. Bloomberg*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mitchell R. Bloomberg

1/24/95 305/858-5555