

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 13 PM 12:09

DOCUMENT # **S19076** (6)  
1. Corporation Name  
**DONLEVY-ROSEN & ROSEN, PROFESSIONAL ASSOCIATION**

Principal Place of Business Mailing Address  
**133 SEVILLA AVE** **133 SEVILLA AVE**  
**CORAL GABLES FL 33134** **CORAL GABLES FL 33134**  
**US** **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/01/1991** 3a. Date of Last Report **04/04/1994**  
4. FEI Number **65-0232813** Applied For   
Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution   
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**ROSEN, HOWARD D.**  
**133 SEVILLA AVE**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
b1 Name  
b2 Street Address (P.O. Box Number is Not Acceptable)  
b3  
b4 City **FL** b5 Zip Code

11. Pursuant to the provisions of Sections 607.054 and 607.1599, 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 *Howard D. Rosen* **HOWARD D. ROSEN** DATE **3/3/95**

12. OFFICERS AND DIRECTORS  
TITLE **TD**  
NAME **ROSEN, HOWARD D.**  
STREET ADDRESS **133 SEVILLA AVE**  
CITY-ST-ZIP **CORAL GABLES FL**  
TITLE **PD**  
NAME **DONLEVY-ROSEN, PATRICIA**  
STREET ADDRESS **133 SEVILLA AVE**  
CITY-ST-ZIP **CORAL GABLES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  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)(k), Florida Statutes. I further certify that the information indicated on this annual report or voluntary 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; that I am duly authorized and empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, or on an attached sheet with an address.

SIGNATURE: *Howard D. Rosen* **HOWARD D. ROSEN, TREASURER** DATE **3/3/95** **3054470061**