

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 23 1996 8:00 am  
Secretary of State

DOCUMENT # **M44214** (8)

1. Corporation Name

**ADORNO & ZEDER, P.A.**

Principal Place of Business

**2601 S. BAYSHORE DRIVE SUITE 1600  
MIAMI FL 33133**

Mailing Address

**2601 S. BAYSHORE DRIVE SUITE 1600  
MIAMI FL 33133**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/30/1986</b>		3a. Date of Last Report <b>01/30/1995</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>59-2746043</b>		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ADORNO, HENRY N. 2601 SOUTH BAYSHORE DRIVE SUITE 1600 MIAMI FL 33133</b>				81. Name <b>Brian K. Goodkind</b>			
				82. Street Address (P.O. Box Number is Not Acceptable) <b>2601 S. Bayshore Drive</b>			
				83. Suite <b>Suite 1600</b>			
				84. City <b>Miami,</b>			
				85. Zip Code <b>FL 33133</b>			

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

**4-15-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADORNO, HENRY N.</b>	1.2 NAME	
STREET ADDRESS	<b>2601 S BAYSHORE DR. 1600</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOODKIND, BRIAN K.</b>	2.2 NAME	
STREET ADDRESS	<b>2601 S BAYSHORE DR. 1600</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLOOMBERG MITCHELL R.</b>	3.2 NAME	
STREET ADDRESS	<b>2601 S BAYSHORE DR. 1600</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZEDER, JON W.</b>	4.2 NAME	
STREET ADDRESS	<b>2601 S BAYSHORE DR. 1600</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOSS, GEORGE T.</b>	5.2 NAME	
STREET ADDRESS	<b>2601 S BAYSHORE DR. 1600</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-25 -96**

Date

**305-860-7072**

Daytime Phone #

CR2E034 (12/95)