FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 PM 10: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **236802** (5)

1. Corporate Name
SOUTH FLORIDA BUSINESS NEGOTIATORS INC

Principal Place of Business
1687 N.E.123RD ST.
NORTH MIAMI FL 33161-2702

Mailing Address
1687 N.E.123RD ST
NORTH MIAMI FL 33161-2702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/23/1960
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #
22
City, State, Zip
23
24 25

2a. Mailing Address
26
Suite, Apt. #
27
City, State, Zip
28
29 30

4. FEI Number: 59-0932847
Applied For
Not Applicable

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

6. Total Payment Enclosed: $5.00 May Be Added to Fees

8. Does corporation have subsidiaries or intends to operate in other states? X NO YES

9. Name and Address of Current Registered Agent
ROSENBLATT,NORMAN
1687 NE 123 ST
N MIAMI FL 33161

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 Section 607.0505, Florida Statutes, the undersigned corporation hereby consents to the designation of the registered agent in this statement to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper or complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE

12.
PD
ROSENBLATT,NORMAN
1687 N.E.123 ST
NO.MIAMI FL

13.

14. I hereby certify that the information supplied with this filing, to the extent required, is accurate and complete as of the date of filing. I further certify that the information contained in this report or supplemental annual report filing, not to include and that no signature shall bear the same legal effect as the original signature of a director or officer of the corporation or foreign corporation or the agent required by Chapter 607, Florida Statutes, and that my name appears above, or on the attached list with an asterisk.

SIGNATURE: ✓ NORMAN ROSENBLATT 4/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0190261 CP