

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 399174 (2)

1. Corporation Name
EGR CORPORATION

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 20 PM 4:03

Principal Place of Business
**420 SOUTH DIXIE HWY., SUITE 4B
CORAL GABLES FL 33146**

Mailing Address
**420 SOUTH DIXIE HWY., SUITE 4B
CORAL GABLES FL 33146**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/13/1972	3a. Date of Last Report 01/24/1994
21		26		4. FEI Number 59-1403238	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032. Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			
		30			

9. Name and Address of Current Registered Agent

**RUBIN, MICHAEL A
420 SOUTH DIXIE HWY
CORAL GABLES FL 33146**

SUITE 4B

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, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	DIRECTOR
NAME	GONZALEZ, RAFAEL	1.2 NAME	RAFAEL GONZALEZ
STREET ADDRESS	420 S DIXIE HWY SUITE 4B	1.3 STREET ADDRESS	420 So Dixie Highway, Suite #4B
CITY - ST - ZIP	CORAL GABLES, FL 00000	1.4 CITY - ST - ZIP	CORAL GABLES, FL 33146
TITLE	PSD	2.1 TITLE	
NAME	RUBIN, MICHAEL A	2.2 NAME	
STREET ADDRESS	420 S DIXIE HWY SUITE 4B	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES, FL 00000	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	RUBIN, MICHAEL A	3.2 NAME	
STREET ADDRESS	420 S DIXIE HWY SUITE 4B	3.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES, FL 00000	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	Remove completely
NAME	ISRAEL, STANLEY E	4.2 NAME	
STREET ADDRESS	420 S DIXIE HWY SUITE 4B	4.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES, FL 00000	4.4 CITY - ST - ZIP	
TITLE	VT	5.1 TITLE	
NAME	BLANCO, HERRERA MARTHA	5.2 NAME	
STREET ADDRESS	420 S DIXIE HWY SUITE 4B	5.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES, FL 00000	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 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 in an attachment with an address.

SIGNATURE: **X**

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael A. Rubin - President - 1/11/95 (305) 661-1029