

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

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

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/13/1972	01/24/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-1403238	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
RUBIN, MICHAEL A 420 SOUTH DIXIE HWY SUITE 4B CORAL GABLES FL 33146				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	


9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RUBIN, MICHAEL A 420 SOUTH DIXIE HWY SUITE 4B CORAL GABLES FL 33146				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<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 110.07(9)(a), Florida Statutes. I further certify that the information indicated on the 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 checked, or is an authorized signatory with an address.

SIGNATURE: X  MICHAEL A. RUBIN - PRESIDENT - 1/11/95 (305) 441-1029
(Typed Name and Title of Officer or Director)