

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:05

DOCUMENT # 509948 (6)

1. Corporation Name:
ALBERNI AND ALBERNI, P.A.

Principal Place of Business: 4649 PONCE DE LEON BLVD. SUITE 404 CORAL GABLES FL 33146-2118
Mailing Address: 4649 PONCE DE LEON BLVD. SUITE 404 CORAL GABLES FL 33146-2118

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (For Qualified)	3a. Date of Last Report
08/13/1976	02/08/1994
4. FEI Number	Applied For (Not Applicable)
59-1685316	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

9. Name and Address of Current Registered Agent
ALBERNI, PEDRO L.
4649 PONCE DE LEON BLVD STE., 404
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
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 607.0508, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
PO	ALBERNI, PEDRO L.	734 PARADISO AVE	CORAL GABLES FL
TD	ALBERNI, LORENA G.	734 PARADISO AVE	CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	32. NAME	33. STREET ADDRESS	34. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	42. NAME	43. STREET ADDRESS	44. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	52. NAME	53. STREET ADDRESS	54. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	62. NAME	63. STREET ADDRESS	64. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished, correct, and comply for the provisions of the Florida Statutes. I further certify that this information and attached to 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. I am an officer or director of the corporation or the receiver or liquidator of the corporation to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or 13 of this report, or on an attached sheet with an addition.

SIGNATURE: *Lorena Alberni*
LORENA G. ALBERNI, AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
Lorena G. Alberni, Director
2-10-95 (305) 662-7272