

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

DOCUMENT # **564127** (9)

1. Corporation Name
SIEGFRIED, RIVERA, LERNER & DE LA TORRE, P.A.



Principal Place of Business: **201 ALHAMBRA CIR 1102 CORAL GABLES FL 33134**
Mailing Address: **201 ALHAMBRA CIR 1102 CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **12/02/1977**
3a. Date of Last Report: **05/22/1995**
4. FEI Number: **59-1777539**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent **10. Name and Address of New Registered Agent**

**SIEGFRIED, STEVEN M.
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES FL 33134**

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 607.0102 and 607.0108, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 607.0105, Florida Statutes.

SIGNATURE: *[Signature]* (Typed or printed name of registered agent and title if applicable) *[Signature]* (Typed or printed name of Registered Agent signature required when necessary) **3-13-96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SIEGFRIED, STEVEN M	
STREET ADDRESS	201 ALHAMBRA CIR 1102	
CITY-ST-ZIP	CORAL GABLES, FL 0	
TITLE	DTV	<input type="checkbox"/> DELETE
NAME	RIVERA, OSCAR R.	
STREET ADDRESS	201 ALHAMBRA CIR 1102	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DSV	<input type="checkbox"/> DELETE
NAME	LERNER, LISA A.	
STREET ADDRESS	201 ALHAMBRA CIR 1102	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	DE LA TORRE, HELIO	
STREET ADDRESS	201 ALHAMBRA CIR 1102	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	SOBEL, STUART H.	
STREET ADDRESS	201 Alhambra Cir 1102	
CITY-ST-ZIP	Coral Gables FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 included 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]* **3-13-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone: **8**

CR2E034 (12/95)