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FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 564127 (9)

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

Principal Place of Business 201 ALHAMBRA CIR 1102 CORAL GABLES FL 33134	Mailing Address 201 ALHAMBRA CIR 1102 CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/02/1977	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 59-1777539	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent SIEGFRIED, STEVEN M. 201 ALHAMBRA CIRCLE, SUITE 1102 CORAL GABLES FL 33134				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	DVP
NAME	SIEGFRIED, STEVEN M	1.2 NAME	ARIAS, MARIA VICTORIA
STREET ADDRESS	201 ALHAMBRA CIR 1102	1.3 STREET ADDRESS	201 ALHAMBRA CIRCLE #1102
CITY-ST-ZIP	CORAL GABLES, FL 0	1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DTV	2.1 TITLE	
NAME	RIVERA, OSCAR R.	2.2 NAME	
STREET ADDRESS	201 ALHAMBRA CIR 1102	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	DSV	3.1 TITLE	
NAME	LERNER, LISA A.	3.2 NAME	
STREET ADDRESS	201 ALHAMBRA CIR 1102	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	DVP	4.1 TITLE	
NAME	DE LA TORRE, HELIO	4.2 NAME	
STREET ADDRESS	201 ALHAMBRA CIR 1102	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	DVP	5.1 TITLE	
NAME	SOBEL, STUART H	5.2 NAME	
STREET ADDRESS	201 ALHAMBRA CIR 1102	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	
TITLE	DVP	6.1 TITLE	
NAME	EDWARDS, PETER H	6.2 NAME	
STREET ADDRESS	201 ALHAMBRA CIRCLE SUITE 1102	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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]* *[Signature]*

CR2E034 (10/97)