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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 564127

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 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 12/02/1977	
4. FEI Number 59-1777539	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" 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	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		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	SIEGFRIED, STEVEN M	
STREET ADDRESS	201 ALHAMBRA CIR 1102	
CITY-ST-ZIP	CORAL GABLES, FL 0	
TITLE	DTV	
NAME	RIVERA, OSCAR R.	
STREET ADDRESS	201 ALHAMBRA CIR 1102	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DSV	
NAME	LERNER, LISA A.	
STREET ADDRESS	201 ALHAMBRA CIR 1102	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DVP	
NAME	DE LA TORRE, HELJO	
STREET ADDRESS	201 ALHAMBRA CIR 1102	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DVP	
NAME	SOBEL, STUART H	
STREET ADDRESS	201 ALHAMBRA CIR 1102	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DVP	
NAME	EDWARDS, PETER H	
STREET ADDRESS	201 ALHAMBRA CIRCLE SUITE 1102	
CITY-ST-ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
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 or on an attachment with an address, with all other like empowered.

SIGNATURE: Stuart H Sobel **REQUIRED** DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)