

**FILE NOW; FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

95 MAY -1 PH 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra H. Matheson  
Secretary of State  
Tallahassee, Florida 32399-0001

DOCUMENT # **566718** (3)

**RUBINSTEIN AND KORNIK, A PROFESSIONAL ASSOCIATIO  
N**

Principal Office (If Different)      Mailing Address  
**800 BRICKELL AVENUE**      **800 BRICKELL AVENUE**  
**1100**      **1100**  
**MIAMI FL 33131**      **MIAMI FL 33131**  
**US**      **US**

(DO NOT WRITE IN THIS SPACE)

2. Filing year (Month and Day)      2a. Mailing Address  
**21**      **26**  
State, Apt. # etc.      State, Apt. # etc.  
**22**      **27**  
City & State      City & State  
**23**      **28**  
Zip      County      Zip      County  
**24**      **25**      **29**      **30**

3. Date incorporated or qualified      3a. Date of Last Report  
**03/01/1978**      **04/26/1994**  
4. FEI Number      Applied For  
**59-1802107**      Not Applicable  
5. Certificate of Status Desired       **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes:       Yes       No

9. Name and Address of Current Registered Agent  
**FLORIDA CORPORATE SERVICES, INC.**  
**800 BRICKELL AVENUE**  
**SUITE 1100**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City      **FL**      B5 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

NAME	<b>PD</b> <b>RUBINSTEIN, JEFFREY D.</b>
STREET ADDRESS	<b>800 BRICKELL AVENUE, SUITE 1100</b>
CITY & STATE	<b>MIAMI FL</b>
NAME	<b>SD</b> <b>KORNIK, GARY H.</b>
STREET ADDRESS	<b>800 BRICKELL AVENUE, SUITE 1100</b>
CITY & STATE	<b>MIAMI FL</b>
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. NAME	
4. NAME	
5. NAME	
6. NAME	
7. NAME	
8. NAME	
9. NAME	
10. NAME	
11. NAME	
12. NAME	
13. NAME	
14. NAME	
15. NAME	
16. NAME	
17. NAME	
18. NAME	
19. NAME	
20. NAME	

14. I, the undersigned, certify that the information supplied in this report is true and correct, and that I am not qualified for the exemption stated in law from filing this report. I further certify that the information in this report is true and correct, and that my signature shall have the same legal effect as if made under oath. I am a resident of the State of Florida. The name of the officer or director responsible for this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this report is: \_\_\_\_\_

SIGNATURE: Pres. 1/18/95 (305) 371 6800  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR