

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

**APPROVED  
AND  
FILED**

**95 APR 21 PM 1:55**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

| CORPORATION<br>ANNUAL REPORT<br>1995                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Northam<br>Secretary of State<br>DIVISION OF CORPORATIONS       |                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # 585415 (3)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           |                                                                                                                                                                                               |                                                                   |
| 1. Corporation Name<br><b>SIDNEY L. SYNA, P.A.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                                                                                                                                                                                               |                                                                   |
| Principal Place of Business<br><b>28 WEST FLAGLER STREET<br/>SUITE 610<br/>MIAMI FL 33130</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                           | Mailing Address<br><b>28 WEST FLAGLER STREET<br/>SUITE 610<br/>MIAMI FL 33130</b>                                                                                                             |                                                                   |
| 2. Principal Place of Business<br><b>21</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           | 2a. Mailing Address<br><b>26</b>                                                                                                                                                              |                                                                   |
| Suite, Apt. #, etc.<br><b>22</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           | Suite, Apt. #, etc.<br><b>27</b>                                                                                                                                                              |                                                                   |
| City & State<br><b>23</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           | City & State<br><b>28</b>                                                                                                                                                                     |                                                                   |
| Zip<br><b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country<br><b>25</b>                                                      | Zip<br><b>29</b>                                                                                                                                                                              | Country<br><b>30</b>                                              |
| 9. Name and Address of Current Registered Agent<br><b>SYNA, SIDNEY L<br/>28 WEST FLAGLER STREET<br/>SUITE 610<br/>MIAMI FL 33130</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           | 10. Name and Address of New Registered Agent<br><b>81</b> Name<br><b>82</b> Street Address (P.O. Box Number is Not Acceptable)<br><b>83</b><br><b>84</b> City<br><b>FL</b> <b>85</b> 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<br>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           |                                                                                                                                                                                               |                                                                   |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                                                         |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>PD<br/>SYNA, SIDNEY L<br/>28 W FLAGLER ST #610<br/>MIAMI, FL 00000</b> | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. |                                                                           |                                                                                                                                                                                               |                                                                   |
| SIGNATURE: <b>X</b> <i>Sidney L. Syna</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br><b>SIDNEY L. SYNA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           | <b>4/18/95 (305) 358-1833</b><br>Date (Day) (Month) (Year)                                                                                                                                    |                                                                   |

585415

**SIDNEY L. SYNA, P.A.**  
ATTORNEY AT LAW

TELEPHONE  
(305) 358-1833  
FAX  
(305) 358-1059

SUITE 610 COURTHOUSE PLAZA  
25 WEST FLAGLER STREET  
MIAMI, FLORIDA 33130

April 18, 1995

Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: **Sidney L. Syna, P.A.**  
**Corporation Annual Report**

Dear Sir/Madam:

Enclosed please find our executed Corporation Annual Report form for 1995, Document No. 585415, and our firm Check No. 4343 dated April 18, 1995 in the amount of \$200.00, which represents our filing fee for this year.

Very truly yours,



Sidney L. Syna

SLS/dh  
Enclosures