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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 590655 (7)

1. Corporation Name

RUSTIN, INC.

Principal Place of Business	Mailing Address
Harold Rustin 1121 Crandon Blvd,E306 Key Biscayne, Fl 33149	Harold Rustin 1121 Crandon Blvd,E306 Key Biscayne, FL 33149

3. Date Incorporated or Qualified: 10/20/1978
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-1864378
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 unemployment tax under Florida Statutes [ ] Yes [X] No

2. Principal Place of Business
21: SAME AS MAILING ADDRESS
22: Suite Apt #, etc
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: 799 BRICKELL PLAZA
27: Suite Apt #, etc: #900
28: City & State: Miami, FL
29: Zip: 33131
30: Country: Dade

9. Name and Address of Current Registered Agent

RUSTIN, HAROLD
104 CRANDON BLVD, SUITE 412
KEY BISCAYNE, FL 33149

10. Name and Address of New Registered Agent

81 Name: Joseph J. Weisenfeld
82 Street Address (P.O. Box Number is Not Acceptable): 799 Brickell Plaza, Ste #900
83
84 City: Miami FL 85 Zip Code: 33131

11. Pursuant to the provisions of Section 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD Rustin, Harold 1121 Crandon Blvd,E306 Key Biscayne, FL 33149	[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP Greaves, Gary C. 10415 S.W. 87th ave. Miami, FL	[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY ST ZIP		[ ] Change [ ] Addition
2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY ST ZIP	Delete	[X] Change [ ] Addition
3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY ST ZIP		[ ] Change [ ] Addition
4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY ST ZIP		[ ] Change [ ] Addition
5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY ST ZIP	600001873826 -06/24/96--01058--013 ***200.00	[ ] Change [ ] Addition
6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY ST ZIP		[ ] Change [ ] Addition

CR2E034 (12/95)

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)(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; or that I am authorized to do so and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Harold Rustin — DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Harold Rustin

5-1-96