

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **601552** (3)

1. Corporation Name

**MILLER, KAGAN, RODRIGUEZ AND SILVER, P.A.**



Principal Place of Business

**75 VALENCIA AVENUE  
SUITE 800  
CORAL GABLES FL 33134**

Mailing Address

**75 VALENCIA AVENUE  
SUITE 800  
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified  
**10/15/1969**

3a. Date of Last Report  
**06/12/1995**

4. FEI Number  
**59-1271982**

Applied For  
 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**KAGAN, H. GEORGE  
75 VALENCIA AVE  
SUITE 800  
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 607.0507 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

Signature, typed or printed name of registrant (if applicable)

(If the Registered Agent signature is not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, H. JACK</b>	
STREET ADDRESS	<b>75 VALENCIA AVE. #800</b>	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>KAGAN, H. GEORGE</b>	
STREET ADDRESS	<b>75 VALENCIA AVE. #800</b>	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>SILVER, SCOTT H</b>	
STREET ADDRESS	<b>75 VALENCIA AVE #800</b>	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>RODRIGUEZ, ROBERT J</b>	
STREET ADDRESS	<b>75 VALENCIA AVE. #800</b>	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>DE LOS SANTOS, MERCEDES</b>	
STREET ADDRESS	<b>75 VALENCIA AVE #800</b>	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>DV SOLENSAW, MAUNA B</b>	<input type="checkbox"/> DELETE
NAME	<b>75 VALENCIA AVE #800</b>	
STREET ADDRESS	<b>CORAL GABLES FL</b>	
CITY - ST - ZIP	<b>33134</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

*NO LONGER WITH FIRM.*

14. I do hereby certify that the information voluntarily furnished and documented for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information 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; that I am duly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 of this report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Robert J. Kagan** *6/19/96* (305) 446-5228

CR2E034 (12/95)