

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

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95 MAY -1 AM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Martin Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 678538 (0)

1. Corporation Name

EDWARD A. PERSE, P.A.

Principal Place of Business		Mailing Address	
C/O MICHAEL S PERSE 66 W FLAGLER ST STE 410 MIAMI FL 33130 US		66 W FLAGLER ST STE 410 C/O MICHAEL S PERSE MIAMI FL 33130 US	
2. Principal Place of Business		28. Mailing Address	
21		26	
Subs. Agt. # 000		Subs. Agt. # 000	
22		27	
City & State		City & State	
23		28	
24	Country	Zip	Country
25		29	30
9. Name and Address of Current Registered Agent			
PERSE, MICHAEL S 66 W FLAGLER ST STE 41 MIAMI FL 33130			
81	Name		
82	Street Address. (P.O. Box Number is Not Acceptable)		
83			
84	City	85	Zip Code
FL			

11. Pursuant to the provisions of Sections 607.1502 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 I accept the obligations of Section 607.1508, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICE	NAME	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERSE, MICHAEL S	1. NAME	
STREET ADDRESS	66 W FLAGLER ST STE 410	1. STREET ADDRESS	
CITY ST ZIP	MIAMI FL	2. CITY ST ZIP	
OFFICE	NAME	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY ST ZIP		2. CITY ST ZIP	
OFFICE	NAME	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY ST ZIP		3. CITY ST ZIP	
OFFICE	NAME	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY ST ZIP		4. CITY ST ZIP	
OFFICE	NAME	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY ST ZIP		5. CITY ST ZIP	
OFFICE	NAME	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY ST ZIP		6. CITY ST ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(c), 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 bear 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 if changes occur or attachment with no address.

SIGNATURE:

Michael S. Perse
DIRECTOR AND ATTORNEY-IN-FACT
Michael S. Perse

4/27/95 (300) 379-9000