

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 # 826088

(7)

1. Corporation Name

GANZ CAPITAL MANAGEMENT, INC.



Principal Place of Business

2875 NE 191 ST PH I  
N MIAMI BCH FL 33180

Mailing Address

2875 NE 191 ST PH I  
N MIAMI BCH FL 33180

3. Date Incorporated or Qualified <b>04/26/1971</b>	3a. Date of Last Report <b>01/24/1995</b>
4. FEI Number <b>23-1732952</b>	Applied For Not Applicable
5. Certificate of Status Desired <b>XX</b>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <b>XX</b> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

GANZ, CHARLES B.  
2875 NE 191 ST  
PENTHOUSE I  
N MIAMI BCH FL 33180

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 607.0502 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

Signature, typed or printed name of registered agent and filer (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ-ZALDIVAR, GLORIA	1.2 NAME	
STREET ADDRESS	2875 NE 191 ST	1.3 STREET ADDRESS	
CITY-STATE-ZIP	N MIAMI BCH FL	1.4 CITY-STATE-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANZ, ELINOR	2.2 NAME	
STREET ADDRESS	2875 NE 191 ST	2.3 STREET ADDRESS	
CITY-STATE-ZIP	N MIAMI BCH FL	2.4 CITY-STATE-ZIP	
TITLE	PS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANZ, CHARLES B	3.2 NAME	
STREET ADDRESS	2875 NE 191 ST	3.3 STREET ADDRESS	
CITY-STATE-ZIP	N MIAMI BCH FL	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Charles B. Ganz*  
Charles B. Ganz

January 22, 1996 (305) 936-0050

Date

Daytime Phone

CR2E034 (12/95)