

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martinez
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
FILED

STAMP - 1 - 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F06658** (1)
WOLPER ROSS & COMPANY OF MIAMI, INC.

1. Principal Office Location 400 PARK AVENUE NEW YORK NY 10022		2. Mailing Address 400 PARK AVENUE NEW YORK NY 10022		3. Date incorporated or organized 11/24/1980		3a. Date of last Report 04/20/1994	
2. Principal Office Location 21		2a. Mailing Address 26		4. FEI Number 59-2046963		Applied for Not Applicable	
22. State of incorporation 22		27. State of principal office 27		5. Certificate of Status Expires X		\$8.75 Additional Fee Required	
23. City and State 23		28. City and State 28		6. Election Campaign Financing Trust Fund Contribution 6		\$5.00 May Be Added to Fees	
24. City and State 24		25. City and State 25		29. City and State 29		30. City and State 30	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent 81. Name 82. Street Address (or P.O. Box Number, Not Applicable) 83. 84. City FL 85. Zip Code			
11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in both 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 obligation set forth in Section 607.01, Florida Statutes.							
SIGNATURE							
12. OFFICERS AND DIRECTORS PD ROSS, MARK 400 PARK AVENUE, 18TH FLOOR NEW YORK NY 10022 VT BAKER, BRADLEY C 400 PARK AVENUE, 18TH FLOOR NEW YORK NY 10022				13. ADDITIONAL OFFICERS, DIRECTORS, AND SHAREHOLDERS 1. NAME 2. NAME 3. NAME 4. NAME 5. NAME 6. NAME 7. NAME 8. NAME 9. NAME 10. NAME 11. NAME 12. NAME 13. NAME 14. NAME 15. NAME 16. NAME 17. NAME 18. NAME 19. NAME 20. NAME 21. NAME 22. NAME 23. NAME 24. NAME 25. NAME 26. NAME 27. NAME 28. NAME 29. NAME 30. NAME			
14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.01 and 607.02, Florida Statutes. I further certify that the information included in this annual report or appointment of agent 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or in any other block with an address.							
SIGNATURE: Mark E. Ross AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARK E. ROSS				APR 27 1995 212-355-5566			