

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 2:10

DOCUMENT # F09560 (6)

1. Corporation Name
BERKELL & BERKELL-RAFFERTY, P.A.

Principal Place of Business Mailing Address
16100 N.E. 16TH AVENUE SUITE A-1
N MIAMI BEACH FL 33162 16100 N.E. 16TH AVENUE SUITE A-1
N MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/15/1980
3a. Date of Last Report 03/22/1994

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

4. FEI Number 59-2031006
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

9. Name and Address of Current Registered Agent

BERKELL, GERALD S.
16100 N.E. 16TH AVENUE
SUITE A-1
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name BERKELL-RAFFERTY FRAN
82 Street Address (P.O. Box Number is Not Acceptable) 16100 NE 16 AVE SUITE A-1
83
84 City NORTH MIAMI BEACH FL 85 Zip Code 33162

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 Fran Berkell-Rafferty Fran B 1/30/95
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE PD	BERKELL, GERALD S.
NAME	16100 N.E. 16TH AVENUE
STREET ADDRESS	N MIAMI BCH., FL 00000
CITY-ST-ZIP	
TITLE ST	BERKELL-RAFFERTY, FRAN
NAME	16100 N.E. 16TH AVENUE
STREET ADDRESS	N MIAMI BCH FL
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
21. TITLE	PSTD <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 type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-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 110.07(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: Fran Berkell-Rafferty Fran Berkell-Rafferty 1/30/95 305-945-7561
Signature and typed or printed name of officer or director (Typed Name)