

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F11104 (9)**

1. Corporation Name
VICTOR R. MIRANDA & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

ONE E. BROWARD BLVD.
1113
FT. LAUDERDALE FL 33301
US

ONE E. BROWARD BLVD.
1113
FT. LAUDERDALE FL 33301
US

3. Date Incorporated or Qualified **12/10/1980** 3a. Date of Last Report **03/21/1995**

2. Principal Place of Business

2a. Mailing Address

21 **100 W. Cypress Creek Rd.**

21 **100 W. Cypress Creek Rd.**

4. FEI Number **59-2045774** Applied For Not Applicable

22 **Fifth Floor**

22 **Fifth Floor**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **Ft. Lauderdale, FL**

23 **Ft. Lauderdale, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **33309** 25 **USA**

24 **33309** 25 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MIRANDA, VICTOR R.
1 E BROWARD BLVD STE 1113
FT LAUDERDALE FL 33301**

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DATE

12.1	P	<input type="checkbox"/> DELETE
NAME	MIRANDA, VICTOR R.	
STREET ADDRESS	1 E BROWARD BLVD STE1113	
CITY-ST-ZIP	FT LAUDERDALE FL	
12.2	SD	<input type="checkbox"/> DELETE
NAME	MIRANDA, SALLY	
STREET ADDRESS	1 E BROWARD BLVD STE1113	
CITY-ST-ZIP	FT LAUDERDALE FL	
12.3		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12.4		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12.5		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY-ST-ZIP	
13.5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY-ST-ZIP	
13.9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY-ST-ZIP	
13.13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY-ST-ZIP	
13.17	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18	NAME	
13.19	STREET ADDRESS	
13.20	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 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: *Victor R. Miranda*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96 954-772-5330
DATE DAYTIME PHONE #

CR2E034 (12/95)