FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 2:12

DOCUMENT # F11522 (2)

1. MOORE AND RABIN, P.A.

Principal Place of Business:
1 N.E. 2ND AVE., STE. 204
MIAMI FL 33132

Mailing Address:
1 N.E. 2ND AVE., STE. 204
MIAMI FL 33132

3. Date of Incorporation: 12/23/1980
3a. Date of Last Report: 05/11/1994

2. Principal Place of Business — 21 — 22 — 23 — 24 — 25
2a. Mailing Address — 26 — 27 — 28 — 29 — 30

4. FEI Number: 59-2050767 — Applied For / Not Applicable

5. Certificate of Status Desired: $8.75 Additional Fee Required

6. Election Campaign Financing Total Fund Contribution: $5.00 May Be Added to Fees

8. This corporation has ability to participate under Florida Statutes: Yes / No

9. Name and Address of Current Registered Agent

MOORE, ROBERT L
1 NE 2ND AVE. #204
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Section 607.1808, Florida Statutes, the above named corporation submits the 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. Therein, it is hereby the appointment of registered agent, the street address of the registered office, and the accepting of the appointment by registered agent.

SIGNATURE: [signature] 5/11/95

12. OFFICERS AND DIRECTORS

TYPE	DP
NAME	MOORE, ROBERT L
STREET ADDRESS	1 NE 2ND AVE. #204
CITY, ST, ZIP	MIAMI, FL 00000
TYPE	DV
NAME	RABIN, SAMUEL JR.
STREET ADDRESS	1 NE 2ND AVE #204
CITY, ST, ZIP	MIAMI FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS — Change / Addition

REMITTED BY MAY 1

14. I hereby certify that the information supplied with this filing is validly furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and force as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if applicable, or on an attachment with an address.

SIGNATURE: [signature] 4/24/95 352 1061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0133943 CP