

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F13563** (4)

1. Corporation Name  
**PROENZA & ROBERTS, P.A.**



Principal Place of Business: **2900 SW 28TH TERR., 7TH FLOOR MIAMI FL 33133**  
Mailing Address: **2900 SW 28TH TERR., 7TH FLOOR MIAMI FL 33133**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/31/1980</b>	3a. Date of Last Report <b>02/17/1995</b>
21	Suite, Apt #, etc	26	Suite, Apt #, etc	4. FEI Number <b>59-2054202</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>PROENZA, MORRIS C</b> <b>2900 SW 28TH TERR., 7TH FLOOR</b> <b>MIAMI FL 33133</b>				81	Name	<b>H. Clay Roberts</b>	
				82	Street Address (P.O. Box Number is Not Acceptable)	<b>2900 S.W. 28th Terrace</b>	
				83		<b>7th Floor</b>	
				84	City	<b>Miami</b>	85

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, in 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: *H. Clay Roberts* **H. CLAY ROBERTS** **6/10/96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE	11 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	CR2E034 (3/96)
NAME	<b>PROENZA, MORRIS C.</b>		12 NAME	<b>H. Clay Roberts</b>			
STREET ADDRESS	<b>7340 BAHIA VISTA</b>		13 STREET ADDRESS	<b>2900 S.W. 28th Terrace, 7th floor</b>			
CITY-ST-ZIP	<b>MIAMI FL</b>		14 CITY-ST-ZIP	<b>Miami, Florida 33133</b>			
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE	21 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>WHITE, DAVID J.</b>		22 NAME				
STREET ADDRESS	<b>5601 SW 92ND STREET</b>		23 STREET ADDRESS				
CITY-ST-ZIP	<b>MIAMI FL</b>		24 CITY-ST-ZIP				
TITLE	<b>S</b>	<input type="checkbox"/> DELETE	31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>ROBERTS, H. CLAY</b>		32 NAME				
STREET ADDRESS	<b>610 REINANTE AVENUE</b>		33 STREET ADDRESS				
CITY-ST-ZIP	<b>CORAL GABLES FL</b>		34 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			42 NAME				
STREET ADDRESS			43 STREET ADDRESS				
CITY-ST-ZIP			44 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			52 NAME				
STREET ADDRESS			53 STREET ADDRESS				
CITY-ST-ZIP			54 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY-ST-ZIP			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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *H. Clay Roberts* **H. CLAY ROBERTS** **6/10/96** (305) 442-1700