

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F24617 (5)**

1. Corporation Name
DAVID S. WIEDER, P.A.



Principal Place of Business: **2 SOUTH BISCAYNE BLVD. SUITE 3400 MIAMI FL 33131 US**
Mailing Address: **2 SOUTH BISCAYNE BLVD. SUITE 3400 MIAMI FL 33131 US**

3. Date Incorporated or Qualified: **04/08/1981**
3a. Date of Last Report: **04/17/1995**
4. FEI Number: **59-2084670**
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

2. Principal Place of Business
21 **100 S.E. 2nd Street**
Suite, Apt. #, etc:
22 **Suite 3500**
City & State:
23 **Miami, FL**
Zip:
24 **33131** Country:
25 **US**
2a. Mailing Address
26 **100 S.E. 2nd Street**
Suite, Apt. #, etc:
27 **Suite 3500**
City & State:
28 **Miami, FL**
Zip:
29 **33131** Country:
30 **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WIEDER, DAVID S
2 SOUTH BISCAYNE BLVD., SUITE 3400
SUITE 4100
MIAMI FL 33131**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **100 S.E. 2nd Street**
83 **Suite 3500**
84 City: **Miami** FL 85 Zip Code: **33131**

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

Signature of the person who is the registered agent of the corporation. Full Name of Agent's previous registered office (if any) DATE

12. OFFICERS AND DIRECTORS

TITLE	PVT <input type="checkbox"/> DELETE
NAME	WIEDER, DAVID S
STREET ADDRESS	2 SOUTH BISCAYNE BLVD., SUITE 3400
CITY - ST - ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	100 S.E. 2nd Street, Suite 3500
4. CITY - ST - ZIP	Miami, FL 33131
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	

SIGNATURE: ✓

David S. Wieder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-96

(305) 347-4188

PM 6/15/96

CR2E034 (12/95)