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

APPROVED AND FILED

95 MAY 16 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F38720** **(1)**

1. Corporation Name

VALDES-FAULI, BISCHOFF, KRISS & MANDLER, PROFESS IONAL ASSOCIATION

Principal Place of Business	Mailing Address
3400 ONE BISCAYNE TOWER 2 S. BISCAYNE BLVD MIAMI FL 33131-1809	3400 ONE BISCAYNE TOWER 2 S. BISCAYNE BLVD MIAMI FL 33131-1809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/19/1981
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-2117272 ☐ 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

~~KRISS, RONALD A.~~
3400 ONE BISCAYNE TOWER
2 S. BISCAYNE BLVD
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Valdes-Fauli Corporate Services Inc.
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: _____ Vice President 5/x/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~VTD~~	11 TITLE	☐ Change ☐ Addition
NAME	~~COBB, THOMAS C~~	12 NAME	
STREET ADDRESS	~~2 S BISCAYNE BLVD. #3400~~	13 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	KRISS, RONALD A.	22 NAME	
STREET ADDRESS	2 S BISCAYNE BLVD. #3400	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	VSD	31 TITLE	☐ Change ☐ Addition
NAME	VAZQUEZ-BELLO, CLEMENTE	32 NAME	
STREET ADDRESS	2 S BISCAYNE BLVD. #3400	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	VALDES-FAULI, RAUL J.	42 NAME	
STREET ADDRESS	2 S BISCAYNE BLVD. #3400	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	~~VPI~~	51 TITLE	VPD ☐ Change ☒ Addition
NAME		52 NAME	Mark J. Scheer
STREET ADDRESS		53 STREET ADDRESS	2 South Biscayne Blvd #3400
CITY-ST-ZIP		54 CITY-ST-ZIP	Miami FL 33131
TITLE		61 TITLE	VP ☐ Change ☒ Addition
NAME		62 NAME	Richard J. Bischoff
STREET ADDRESS		63 STREET ADDRESS	2 South Biscayne Blvd #3400
CITY-ST-ZIP		64 CITY-ST-ZIP	Miami, Fl 33131

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)(i), 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: _____ 5/x/95 305/376-6040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0120317 CP