

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

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**95 APR 14 PM 1:56**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # F60434 (0)**

**1. Corporation Name  
SAMUEL I. BURSTYN, P.A.**

**Principal Place of Business Mailing Address  
3050 BISCAYNE BLVD. 3050 BISCAYNE BLVD.  
SUITE #701 SUITE #701  
MIAMI FL 33137 MIAMI FL 33137**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 12/30/1981 3a. Date of Last Report 02/02/1994**

**4. FEI Number 59-2131097 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. 190.032, Florida Statutes  Yes  No**

**2. Principal Place of Business 2a. Mailing Address  
21 2 S. Biscayne Blvd. 26 2 S. Biscayne Blvd.**

**Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Suite 2600 27 Suite 2600**

**City & State City & State  
23 Miami, Florida 28 Miami, Florida**

**Zip Country Zip Country  
24 33131 25 Dade 29 33131 30 Dade**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**BURSTYN, SAMUEL I.  
3050 BISCAYNE BLVD.  
SUITE 701  
MIAMI FL 33137**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PST</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURSTYN, SAMUEL I.</b>	12 NAME	
STREET ADDRESS	<b>3050 BISCAYNE BLVD. #701</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	14 CITY - ST - ZIP	
TITLE	<b>D</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURSTYN, SAMUEL I.</b>	22 NAME	
STREET ADDRESS	<b>3050 BISCAYNE BLVD. #701</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		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		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		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 110.07(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 trustee 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 as an attachment with an address.**

**SIGNATURE: \_\_\_\_\_ SAMUEL I. BURSTYN 4/10/95 305-393-1144**