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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 8:54

DOCUMENT # G16303 (1)

1. Corporation Name
KOZYAK TROPIN & THROCKMORTON, P.A.

Principal Place of Business
200 S. BISCAYNE BLVD.
SUITE 2850
MIAMI, FL 33131

Mailing Address
200 S. BISCAYNE BLVD.
SUITE 2850
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 200 S. Biscayne Blvd.
Suite, Apt. #, etc
22 #2800
City & State
23 Miami, FL
Zip
24 33131
Country
25

2a. Mailing Address
26 200 S. Biscayne Blvd.
Suite, Apt. #, etc
27 #2800
City & State
28 Miami, Fl
Zip
29 33131
Country
30

3. Date Incorporated or Qualified: 12/07/1982
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-2240304 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $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
KOZYAK, JOHN W.
200 S. BISCAYNE BLVD.
SUITE 2850
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name: KOZYAK, JOHN W.
82 Street Address (P.O. Box Number is Not Acceptable): ~~200 S. Biscayne Blvd.~~
83 ~~Suite 2800~~
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 ______________________

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KOZYAK, JOHN W
STREET ADDRESS	9840 SW 63RD CT
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	VD
NAME	TROPIN, HARLEY S.
STREET ADDRESS	5845 SW 93 ST
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	THROCKMORTON, CHARLES W.
STREET ADDRESS	10650 S.W. 68TH AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	HARTMANN, KENNETH R
STREET ADDRESS	445 MONORCA AVENUE
CITY-ST-ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS LISTED IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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(1), 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 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: John W. Kozyak, President — John W. Kozyak, President — 1/10/95 — (305) 372-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0120466 CP