


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

CORPORATION <b>ANNUAL REPORT</b> <b>1995</b>			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
DOCUMENT # <b>G93027</b>		(2)	95 JAN 26 PM 4:37	
1. Corporation Name <b>ALBERTO FERRAMI, INC.</b>				
Principal Place of Business 104 CRANDON BLVD., SUITE 410 P O BOX 437 KEY DISCAYNE FL 33149		Mailing Address 104 CRANDON BLVD., SUITE 410 P O BOX 437 KEY DISCAYNE FL 33149		
DO NOT WRITE IN THIS SPACE.				
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>03/26/1984</b>
				3a. Date of Last Report <b>01/25/1994</b>
				4. FEI Number <b>59-2396471</b>
				Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent <b>MINOR, STEVEN A.</b> <b>590 OCEAN DRIVE</b> <b>KEY BISCAYNE FL 33149</b>			10. Name and Address of Now Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0902 and 607.1600, 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 607.0905, Florida Statutes.				
SIGNATURE: _____ (Signature, typed or printed name of registered agent and title if applicable)				
OFFICERS AND DIRECTORS				
12. TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP MINOR, STEVEN A. 590 OCEAN DR., #2A KEY BISCAYNE FL	13. TITLE NAME STREET ADDRESS CITY- ST- ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD MINOR, MARITZA 590 OCEAN DRIVE #2A KEY BISCAYNE FL	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and drawn and qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 record or control empowered to execute this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.				
SIGNATURE: <i>[Signature]</i> <b>Maritza Minor</b>				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				