

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G93027** (2)

1. Corporation Name
ALBERTO FERRAMI, INC.



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**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
State, Apt. #, etc.					State, Apt. #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		

3. Date Incorporated or Qualified 03/26/1984	3a. Date of Last Report 01/26/1995
4. FEI Number 59-2396471	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**MINOR, STEVEN A.
590 OCEAN DRIVE
KEY BISCAVNE FL 33149**

10. Name and Address of New Registered Agent

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 607.0002 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 607.0009, Florida Statutes.

SIGNATURE

Signature of the Registered Agent

Signature of the Registered Agent

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1.1 NAME		1.2 NAME		
STREET ADDRESS	1.1 STREET ADDRESS		1.3 STREET ADDRESS		
CITY, ST, ZIP	1.1 CITY, ST, ZIP		1.4 CITY, ST, ZIP		
TITLE	2.1 TITLE	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2.1 NAME		2.2 NAME		
STREET ADDRESS	2.1 STREET ADDRESS		2.3 STREET ADDRESS		
CITY, ST, ZIP	2.1 CITY, ST, ZIP		2.4 CITY, ST, ZIP		
TITLE	3.1 TITLE	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3.1 NAME		3.2 NAME		
STREET ADDRESS	3.1 STREET ADDRESS		3.3 STREET ADDRESS		
CITY, ST, ZIP	3.1 CITY, ST, ZIP		3.4 CITY, ST, ZIP		
TITLE	4.1 TITLE	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.1 NAME		4.2 NAME		
STREET ADDRESS	4.1 STREET ADDRESS		4.3 STREET ADDRESS		
CITY, ST, ZIP	4.1 CITY, ST, ZIP		4.4 CITY, ST, ZIP		
TITLE	5.1 TITLE	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.1 NAME		5.2 NAME		
STREET ADDRESS	5.1 STREET ADDRESS		5.3 STREET ADDRESS		
CITY, ST, ZIP	5.1 CITY, ST, ZIP		5.4 CITY, ST, ZIP		
TITLE	6.1 TITLE	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.1 NAME		6.2 NAME		
STREET ADDRESS	6.1 STREET ADDRESS		6.3 STREET ADDRESS		
CITY, ST, ZIP	6.1 CITY, ST, ZIP		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(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 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:

Steven A. Minor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR