

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 22 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H48520 (1)**  
 1. Corporation Name  
**KATZ, BARRON, SQUITERO, FAUST & BERMAN, P.A.**



Principal Place of Business <b>2699 SOUTH BAYSHORE DRIVE</b> <b>SUITE #700-A</b> <b>MIAMI FL 33133</b>	Mailing Address <b>2699 SOUTH BAYSHORE DRIVE</b> <b>SUITE #700-A</b> <b>MIAMI FL 33133-5406</b>
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3. Date Incorporated or Qualified <b>03/22/1985</b>	3a. Date of Last Report <b>04/22/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2507985</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

**CORPCO, INC.**  
**2699 SOUTH BAYSHORE DRIVE**  
**SUITE #700-A**  
**MIAMI FL 33133**

10. Name and Address of New 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 607.0502 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 reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KATZ, MICHAEL D.</b>		1.2 NAME	
STREET ADDRESS <b>2699 S BAYSHORE DR #700A</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>S/T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SQUITERO, JOHN R.</b>		2.2 NAME <b>SQUITERO, John R.</b>	
STREET ADDRESS <b>2699 S BAYSHORE DR #700A</b>		2.3 STREET ADDRESS <b>2699 S. Bayshore Dr., 7th Floor</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		2.4 CITY-ST-ZIP <b>Miami, FL 33133</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FAUST, MARC L.</b>		3.2 NAME	
STREET ADDRESS <b>2699 S BAYSHORE DR #700A</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BERMAN, RICHARD E</b>		4.2 NAME	
STREET ADDRESS <b>2699 S. BAYSHORE DR. 7TH FLOOR</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33133</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

*Handwritten signature and date: 4/22/97*

**300002152983**  
**-04/24/97--01005--046**  
**\*\*\*165.00**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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 or changed, or on an attachment with an address.

SIGNATURE: *Michael D. Katz* **Michael D. Katz, Pres.** 4/8/97 (305) 856-2444  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)