

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
OFFICE OF THE SECRETARY OF STATE
MAY 11 1995

DOCUMENT # **H84383** (9)

1. Corporation Name
JAMES S. CASSEL, P.A.

Principal Place of Business	Mailing Address
% JAMES S. CASSEL 175 NW FIRST AVE. STE 2000 MIAMI FL 33128 201 S. Biscayne Blvd., STE 3000 Miami, FL 33131	% JAMES S. CASSEL 175 NW FIRST AVE. STE 2000 MIAMI FL 33128 201 S. Biscayne Blvd STE 3000 Miami, FL 33131

DATE TO WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 201 SOUTH BISCAYNE BLVD	26 201 S. BISCAYNE BLVD.	11/04/1985	02/18/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied for
22 SUITE 3000	27 SUITE 3000	59-2605803	Not Applicable
City & State	City & State	5. Certificate of Status Expires	\$8.75 Additional Fee Required
23 Miami, FL	28 Miami, FL	<input type="checkbox"/>	
Zip	Zip	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24 33131	29 33131	Trust Fund Contributions	<input type="checkbox"/>
Country	Country	7. This corporation was liable for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
25 33131	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent												
CASSEL, JAMES S. 175 NW FIRST AVE, STE 2000 SUITE 3333 MIAMI FL 33128	<table border="1"> <tr> <td>81 Name</td> <td></td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td>201 SOUTH BISCAYNE BLVD</td> </tr> <tr> <td>83</td> <td>STE 3000</td> </tr> <tr> <td>84 City</td> <td>MIAMI</td> </tr> <tr> <td>85 State</td> <td>FL</td> </tr> <tr> <td>86 Zip Code</td> <td>33131</td> </tr> </table>	81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	201 SOUTH BISCAYNE BLVD	83	STE 3000	84 City	MIAMI	85 State	FL	86 Zip Code	33131
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82 Street Address (P.O. Box Number is Not Acceptable)	201 SOUTH BISCAYNE BLVD												
83	STE 3000												
84 City	MIAMI												
85 State	FL												
86 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 _____ (Signature, typed or printed name of registered agent and title acceptable) (NOTE: Registered Agent for Public Reporting Obligations Required)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSEL, JAMES S.	1.2 NAME	
STREET ADDRESS	175 NW 1ST AVE, STE 2000	1.3 STREET ADDRESS	201 SOUTH BISCAYNE BLVD, SUITE 3000
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	MIAMI, FL 33131
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		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		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	

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 199.032, 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 and make me liable as if I were an officer or director of the corporation at the time of or before the filing of this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attachment with an address.

SIGNATURE: _____ DATE: **1/17/94** **305-373-9419**