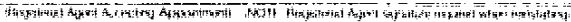


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

94 JUL 29 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
1. Corporation Name REISMAN & ASSOCIATES, P.A.		DOCUMENT # H87791 (0)	
Mailing Address % JONATHAN B. REISMAN 2601 SOUTH BAYSHORE DRIVE, STE 1225 MIAMI FL 33133		Principal Place of Business % JONATHAN B. REISMAN 2601 SOUTH BAYSHORE DRIVE, STE 1225 MIAMI FL 33133	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. Mailing Address 21		2a. Principal Place of Business 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Country 25	
Country 25		Zip 29	
Country 25		Country 30	
9. Name and Address of Current Registered Agent		10. Name and Address of Now Registered Agent	
REISMAN, JONATHAN B. 2601 SOUTH BAYSHORE DRIVE SUITE 1225 MIAMI FL 33133		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.			
SIGNATURE 		DATE	
12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 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(2)(b), Florida Statutes. I declare the Director of Corporations from any liability of non-compliance with Section 119.07(2)(b) in the event that the information supplied is deemed exempt from public release. 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. I have listed all information regarding intellectual property imposed by Chapter 217, Florida Statutes, that I am an owner or director of the corporation on this report or have been assigned to me on this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes, or on an office form filed with an address.			

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

Jonathan Reisman 7/24/94

305 858 7078