

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

**INCORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11:47**

DOCUMENT # H88375 (1)

1. Corporation Name
LAW OFFICES OF DAVID R. BERLEY, P.A.

Principal Place of Business Mailing Address
1428 BRICKELL AVE MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/03/1985** 3a. Date of Last Report **02/14/1994**

4. FEI Number **59-2603854** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under 5 190 032, Florida Statutes Yes No

2. Principal Place of Business
21 **848 Brickell Ave**

2a. Mailing Address
26 **848**

Suite, Apt. #, etc.
22 **200**

Suite, Apt. #, etc.
27

City & State
23 **Miami FL**

City & State
28

Zip Country
24 **33131** 25

Zip Country
29 30

9. Name and Address of Current Registered Agent

**BERLEY, DAVID R.
1428 BRICKELL AVE
SUITE 202
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
848 BRICKELL AVENUE
83 **SUITE 200**
84 City **MIAMI** FL 85 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 of current registered agent and fee applicator)

(Signature of new registered agent required when registered)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DPS
NAME	BERLEY, DAVID R.
STREET ADDRESS	1428 BRICKELL AVE #202
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and it was not prepared for the corporation under the description stated in Section 110 02(2)(b), 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 appointed to execute this report as required by Chapter 407, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-94 *[Signature]* 373.000