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Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # H88375 (1)

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



Principal Place of Business: 848 BRICKELL AVE. SUITE 200 MIAMI FL 33131 US
Mailing Address: 848 BRICKELL AVE SUITE 200 MIAMI FL 33131-2915 US

3. Date Incorporated or Qualified: 12/03/1985
3a. Date of Last Report: 02/14/1996
4. FEI Number: 59-2603854
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 s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 Suite, Apt #, etc.
22 City & State
23 Zip Country
24 Zip Country

9. Name and Address of Current Registered Agent
BERLEY, DAVID R.
848 BRICKELL AVENUE
SUITE 200
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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
1. TITLE: DPS
2. NAME: BERLEY, DAVID R.
3. STREET ADDRESS: 1428 BRICKELL AVE #202
4. CITY - ST - ZIP: MIAMI FL
5. TITLE: [] DELETE
6. NAME: [] DELETE
7. STREET ADDRESS: [] DELETE
8. CITY - ST - ZIP: [] DELETE
9. TITLE: [] DELETE
10. NAME: [] DELETE
11. STREET ADDRESS: [] DELETE
12. CITY - ST - ZIP: [] DELETE
13. TITLE: [] DELETE
14. NAME: [] DELETE
15. STREET ADDRESS: [] DELETE
16. CITY - ST - ZIP: [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11. TITLE: [] Change [] Addition
12. NAME: [] Change [] Addition
13. STREET ADDRESS: [] Change [] Addition
14. CITY - ST - ZIP: [] Change [] Addition
2.1. TITLE: [] Change [] Addition
2.2. NAME: [] Change [] Addition
2.3. STREET ADDRESS: [] Change [] Addition
2.4. CITY - ST - ZIP: [] Change [] Addition
3.1. TITLE: [] Change [] Addition
3.2. NAME: [] Change [] Addition
3.3. STREET ADDRESS: [] Change [] Addition
3.4. CITY - ST - ZIP: [] Change [] Addition
4.1. TITLE: [] Change [] Addition
4.2. NAME: [] Change [] Addition
4.3. STREET ADDRESS: [] Change [] Addition
4.4. CITY - ST - ZIP: [] Change [] Addition
5.1. TITLE: [] Change [] Addition
5.2. NAME: [] Change [] Addition
5.3. STREET ADDRESS: [] Change [] Addition
5.4. CITY - ST - ZIP: [] Change [] Addition
6.1. TITLE: [] Change [] Addition
6.2. NAME: [] Change [] Addition
6.3. STREET ADDRESS: [] Change [] Addition
6.4. CITY - ST - ZIP: [] Change [] Addition

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 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: _____ Date: 1-29-97 Daytime Phone #: 305-373-8200

CR2E034 (9/96)