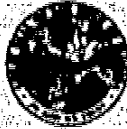


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 7:34

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H91525 (6)

1. Corporation Name

RASCO & REININGER, P.A.

Principal Place of Business

**5200 BLUE LAGOON DR
SUITE 700
MIAMI FL 33128
US**

Mailing Address

**5200 BLUE LAGOON DR
SUITE 700
MIAMI FL 33128
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/23/1985

3a. Date of Last Report

04/29/1994

4. FEI Number

59-2626041

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**

7. This corporation has liability for intangible tax under C. 100.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MIAMI CORPORATE SYSTEMS, INC.
THE WATERFORD BUILDING
5200 BLUE LAGOON DR. SUITE 700
MIAMI FL 33128**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RASCO, RAMON E.
STREET ADDRESS	5200 BLUE LAGOON DR. 700
CITY - ST - ZIP	MIAMI FL
TITLE	DST
NAME	REININGER, STEVEN R.
STREET ADDRESS	5200 BLUE LAGOON DR. 700
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	DANNHEISSER, LYNN M.
STREET ADDRESS	5200 BLUE LAGOON DR. 700
CITY - ST - ZIP	MIAMI FL
TITLE	DV
NAME	PEREZ, LUIS A
STREET ADDRESS	5200 BLUE LAGOON DR. STE 700
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	DANNHEISSER, LYNN M.
3.3 STREET ADDRESS	5200 Blue Lagoon Dr. 700
3.4 CITY - ST - ZIP	Miami FL
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), 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 as changed, with an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95

Date

305-261-0500

Daytime Phone #