FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8: 45

DOCUMENT # H94968 (5)

1. Corporation Name

SCHANTZ, SCHATZMAN, AARONSON & CAHAN, P.A.

Principal Place of Business

% ROBERT A. SCHATZMAN
200 SOUTH BISCAYNE BLVD. SUITE 3650
MIAMI FL 33131-2394

Mailing Address

% ROBERT A. SCHATZMAN
200 SOUTH BISCAYNE BLVD. SUITE 3650
MIAMI FL 33131-2394

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/17/1986
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-2634231 [ ] 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 S. 199.032 Florida Statutes [ ] Yes [ ] No

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

2a. Mailing Address
26
27 Suite, Apt #, etc
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

SCHATZMAN, ROBERT A.
200 SO. BISCAYNE BLVD
SUITE 3650
MIAMI FL 33131-2394

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHANTZ, LAWRENCE M.
STREET ADDRESS	200 SO. BISCAYNE BLVD
CITY ST ZIP	MIAMI FL
TITLE	VST
NAME	SCHATZMAN, ROBERT A.
STREET ADDRESS	200 SO. BISCAYNE BLVD.
CITY ST ZIP	MIAMI FL
TITLE	VD
NAME	AARONSON, GEOFFREY S.
STREET ADDRESS	200 SO. BISCAYNE BLVD.
CITY ST ZIP	MIAMI FL
TITLE	D
NAME	SCHATZMAN, ROBERT A
STREET ADDRESS	200 SO. BISCAYNE BLVD.
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

(1–6: TITLE / NAME / STREET ADDRESS / CITY ST ZIP — blank; [ ] Change [ ] Addition)

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(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: [signature] VP/Sec 1-10-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

0128566 CP