

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Feb 04 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 # J41247 (4)
1. Corporation Name
ROSENTHAL & RICE, INC.



Principal Place of Business Mailing Address
P O BOX 144255 CORAL GABLES FL 33114-1255
P O BOX 144255 CORAL GABLES FL 33114-4255

3. Date Incorporated or Qualified **11/06/1986** 3a. Date of Last Report **04/16/1986**
4. FEI Number **59-2743444** 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 2. Mailing Address
21 **Rosenthal & Rice**
22 **8966 SW 87 Court**
23 **Suite 23**
24 **Miami Florida 33176**
25 City 29 State 30 Country

9. Name and Address of Current Registered Agent
RICE, STEPHEN T.
STE. 325
255 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P ROSENTHAL, RICHARD	<input type="checkbox"/>
NAME	255 ALHAMBRA STE 325	
STREET ADDRESS	CORAL GABLES FL	
CITY - ST - ZIP	VT	<input type="checkbox"/>
TITLE	RICE, STEPHEN T.	<input type="checkbox"/>
NAME	255 ALHAMBRA STE 325	
STREET ADDRESS	CORAL GABLES FL	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	ROSENTHAL, RICHARD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE	Rice, Stephen T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	NEW ADDRESS FOR BOTH		
2.4 CITY - ST - ZIP			
3.1 TITLE	Rosenthal & Rice	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	8966 SW 87 Court		
3.3 STREET ADDRESS	Suite 23		
3.4 CITY - ST - ZIP	Miami Florida 33176		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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, with an attachment with an address.

SIGNATURE: 1/28/97 305 412-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)