

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J57249** (1)

1. Corporation Name
ERF, INC.



Principal Place of Business
**5101 BISCAYNE BLVD.
5101 BISCAYNE BLVD.
MIAMI FL 33137
US**

Mailing Address
**5101 BISCAYNE BLVD
5101 BISCAYNE BLVD.
MIAMI FL 33137
US**

3. Date Incorporated or Qualified **02/17/1987** 3a. Date of Last Report **04/19/1995**

2. Principal Place of Business
21 _____
22 _____
23 _____
24 _____

2a. Mailing Address
26 _____
27 _____
28 _____
29 _____

4. FET Number **59-2799620** 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

9. Name and Address of Current Registered Agent
**WEISS AND MERMANDEZ, P.A.
1401 BRICKELL AVENUE
SUITE 300
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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GIHWALA, HARISH J.	
STREET ADDRESS	5101 BISCAYNE BLVD	
CITY-STATE-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GIHWALA, HARISH J.	
STREET ADDRESS	5101 BISCAYNE BLVD	
CITY-STATE-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GIHWALA, KALPANA H.	
STREET ADDRESS	5101 BISCAYNE BOULEVARD	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P. GIHWALA - HARISH J.	
1.3 STREET ADDRESS	5101 Biscayne Blvd.	
1.4 CITY-STATE-ZIP	Miami, FL 33137.	
2. TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DEVCHAND, ASWIN	
2.3 STREET ADDRESS	5101 Biscayne Blvd.	
2.4 CITY-STATE-ZIP	Miami, FL 33137.	
3. TITLE	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DEVCHAND, MONA	
3.3 STREET ADDRESS	5101 Biscayne Blvd.	
3.4 CITY-STATE-ZIP	Miami, FL 33137.	
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 119.07(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 in handprint or on an attachment with an address.

SIGNATURE: **01/26/96** **754-9408**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Harish J. Gihwala

CR2E034 (12/95)