

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
DOCUMENT # J77399 (O)		95 APR -4 PM 11:30	
7. Corporation Name KING RICHARD CAB NO. 1057, INC.			
Principal Place of Business 19321 NE 18TH COURT N. MIAMI BEACH FL 33179		Mailing Address 19321 NE 18TH COURT N. MIAMI BEACH FL 33179	
		DO NOT WRITE IN THIS SPACE.	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent PESETSKY, WALTER S. 1367 NE 182ND ST N. MIAMI BEACH FL 33162		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 _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDES, RICHARD	1.2 NAME	
STREET ADDRESS	19321 NE 18TH COURT	1.3 STREET ADDRESS	
CITY- ST- ZIP	N. MIAMI BEACH FL	1.4 CITY- ST- ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDES, PATRICIA	2.2 NAME	
STREET ADDRESS	19321 NE 18TH COURT	2.3 STREET ADDRESS	
CITY- ST- ZIP	N. MIAMI BEACH FL	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDES, RICHARD, JR.	3.2 NAME	
STREET ADDRESS	19321 NE 18TH COURT	3.3 STREET ADDRESS	
CITY- ST- ZIP	N. MIAMI BCH FL	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTON, DEBRA	4.2 NAME	
STREET ADDRESS	1932 N. E. 18 COURT	4.3 STREET ADDRESS	
CITY- ST- ZIP	NORTH MIAMI BEACH FL	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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(9)(b), Florida Statute. 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 Statute; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>Richard H. Corde / Richard H. Corde</i>		4/1/95 305 438-5391	
SIGNATURE AND TYPED OR PRINTED NAME OF NAMED OFFICER OR DIRECTOR		Filing Status	