FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K12032** **(4)**

1. Corporation Name
PREVE LIBERATORE BARTON & CO.

Principal Place of Business
200 S. BISCAYNE BLVD., SUITE 4920
MIAMI FL 33131-9311

Mailing Address
200 S. BISCAYNE BLVD., SUITE 4920
MIAMI FL 33131-9311

3. Date Incorporated or Qualified: **01/14/1988**
3a. Date of Last Report: **04/11/1995**

4. FEI Number: **65-0043888** [ ] 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 is liable for intangible tax under s. 199.032 Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22 5100
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27 5100
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
ALVAREZ, VICTOR M.
200 S BISCAYNE BLVD
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 Section 607.0505 or 617.0505, 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. The 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 such entity under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP	[ ] DELETE
NAME	PREVE, DAVID J.	
STREET ADDRESS	200 S BISCAYNE BLVD 4920	
CITY, ST, ZIP	MIAMI FL	
TITLE	DV	[ ] DELETE
NAME	LIBERATORE, BARBARA L.	
STREET ADDRESS	200 S BISCAYNE BLVD 4920	
CITY, ST, ZIP	MIAMI FL	
TITLE	DT	[ ] DELETE
NAME	BARTON, CHARLES V.	
STREET ADDRESS	200 S BISCAYNE BLVD 4920	
CITY, ST, ZIP	MIAMI FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

31 TITLE		[X] Change [ ] Addition
32 NAME		
33 STREET ADDRESS	Suite 5100	
34 CITY, ST, ZIP		
35 TITLE		[X] Change [ ] Addition
36 NAME		
37 STREET ADDRESS	Suite 5100	
38 CITY, ST, ZIP		
39 TITLE		[X] Change [ ] Addition
40 NAME		
41 STREET ADDRESS	Suite 5100	
42 CITY, ST, ZIP		
43 TITLE		[ ] Change [ ] Addition
44 NAME		
45 STREET ADDRESS		
46 CITY, ST, ZIP		
47 TITLE		[ ] Change [ ] Addition
48 NAME		
49 STREET ADDRESS		
50 CITY, ST, ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information indicated on this report or supplemental 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 or other court appointed fiduciary thereof, or the trustee or agent required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on any attachment in lieu of Block 12.

SIGNATURE: 4-4-96 3053758000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR