

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Methman  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K27625** (8)

1. Corporation Name  
**RONALD LAWRENCE CARPEL, P.A.**



Principal Place of Business

**304 PALERMO AVE.  
SUITE 200  
CORAL GABLES FL 33134  
US**

Mailing Address

**304 PALERMO AVE.  
SUITE 200  
CORAL GABLES FL 33134  
US**

2. Principal Place of Business

2a. Mailing Address

21  
22 **No Suite**  
23  
24

26  
27 **No Suite**  
28  
29

9. Name and Address of Current Registered Agent

**CARPEL, RONALD L  
304 PALERMO AVE.  
SUITE 200  
CORAL GABLES FL 33134**

3. Date incorporated or qualified  
**07/06/1988**

3a. Date of Last Report  
**04/19/1995**

4. FID Number  
**65-0058953**

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

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.01(2) and 607.01(5)(c), Florida Statutes, the above named corporation makes the 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 607.01(5)(c), Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report

Signature of the person who is authorized to sign this report

Date

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CARPEL, RONALD L</b>	
STREET ADDRESS	<b>304 PALERMO AVE.</b>	
CITY-STATE-ZIP	<b>CORAL GABLES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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(6)(a)(3), Florida Statutes. I further certify that the information included in this annual report or report was not prepared by a third party and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or a registered professional accountant to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ronald L. Carpel*  
**Ronald L. Carpel**

4/10/96

305-443-5125

CR2E034 (12/95)