
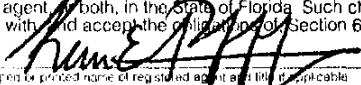
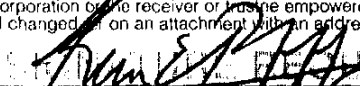


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 18 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 # <b>K29415</b> (2)			
1. Corporation Name <b>PFEFFER &amp; ASSOCIATES, INC.</b>			
Principal Place of Business <b>1522 SAN IGNACIO AVE STE 2 CORAL GABLES FL 33146</b>		Mailing Address <b>1522 SAN IGNACIO AVE STE 2 CORAL GABLES FL 33146-3029</b>	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		29	
9. Name and Address of Current Registered Agent			
<b>PFEFFER, KAREN E. 5870 SW 52 TERR. MIAMI FL 33155</b>			
10. Name and Address of New Registered Agent			
81 Name <b>Pfeffer, Karen E.</b>			
82 Street Address (P.O. Box Number is Not Acceptable) <b>505 Loretta Avenue</b>			
83			
84 City <b>Coral Gables</b> FL 85 Zip Code <b>33146</b>			
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, 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 obligation of Section 607.0505, Florida Statutes.			
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
1.1 TITLE <input type="checkbox"/> DELETE			
1.2 NAME <b>PT PFEFFER, KAREN E.</b>			
1.3 STREET ADDRESS <b>5870 SW 52ND TER</b>			
1.4 CITY-ST-ZIP <b>MIAMI FL</b>			
2.1 TITLE <input type="checkbox"/> DELETE			
2.2 NAME <b>VS FRANKLIN, DONNA L</b>			
2.3 STREET ADDRESS <b>5870 SW 52ND TER</b>			
2.4 CITY-ST-ZIP <b>MIAMI FL</b>			
3.1 TITLE <input type="checkbox"/> DELETE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE <input type="checkbox"/> DELETE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE <input type="checkbox"/> DELETE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> DELETE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME <b>Pfeffer, Karen E.</b>			
1.3 STREET ADDRESS <b>505 Loretta Avenue</b>			
1.4 CITY-ST-ZIP <b>Coral Gables, FL 33146</b>			
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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, on an attachment with an address.			
SIGNATURE:  3.25.97 305-663-1083			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)