

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K51478** (1)

1. Corporation Name  
**MANDLER AND SILVER, P.A.**



Principal Place of Business: **800 BRICKELL AVE SUITE 902 MIAMI FL 33131 US**  
Mailing Address: **800 BRICKELL AVE SUITE 902 MIAMI FL 33131 US**

3. Date Incorporated or Qualified: **12/15/1988**  
3a. Date of Last Report: **03/10/1995**  
4. FEI Number: **65-0087640**  
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. 190.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21. Suite, Apt #, etc  
22. City & State  
23. Zip  
24. Country  
25. Country  
2a. Mailing Address  
26. Suite, Apt # etc  
27. City & State  
28. Zip  
29. Country  
30. Country

9. Name and Address of Current Registered Agent  
**SILVER, PATRICIA M.  
800 BRICKELL AVE  
SUITE 902  
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  
85. Zip Code: **FL 85**

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: \_\_\_\_\_ (Print Name of Registered Agent or Agent in Charge of Change of Registered Office or Registered Agent)

| 12. OFFICERS AND DIRECTORS |   | DELETE                   |
|----------------------------|---|--------------------------|
| TITLE                      | DP  | <input type="checkbox"/> |
| NAME                       | SILVER, PATRICIA M.                       |                          |
| STREET ADDRESS             | 800 BRICKELL AVE., SUITE 902              |                          |
| CITY - ST - ZIP            | MIAMI FL                                  |                          |
| TITLE                      | DVP                                       | <input type="checkbox"/> |
| NAME                       | MANDLER, BERNARD                          |                          |
| STREET ADDRESS             | 2 S BISCAYNE BLVD/1 BISCAYNE TOWER 34 FLR |                          |
| CITY - ST - ZIP            | MIAMI FL                                  |                          |
| TITLE                      | DST                                       | <input type="checkbox"/> |
| NAME                       | MANDLER, MITCHELL W.                      |                          |
| STREET ADDRESS             | 1401 BRICKELL AVE, 7TH FLR                |                          |
| CITY - ST - ZIP            | MIAMI FL                                  |                          |
| TITLE                      |   | <input type="checkbox"/> |
| NAME                       |   |                          |
| STREET ADDRESS             |   |                          |
| CITY - ST - ZIP            |   |                          |
| TITLE                      |   | <input type="checkbox"/> |
| NAME                       |   |                          |
| STREET ADDRESS             |   |                          |
| CITY - ST - ZIP            |   |                          |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  | Change                   | Addition                 |
|---|--|--------------------------|--------------------------|
| 11 TITLE  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 NAME   |  |                          |                          |
| 13 STREET ADDRESS                                     |  |                          |                          |
| 14 CITY - ST - ZIP                                    |  |                          |                          |
| 21 TITLE  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 NAME   |  |                          |                          |
| 23 STREET ADDRESS                                     |  |                          |                          |
| 24 CITY - ST - ZIP                                    |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 TITLE  |  |                          |                          |
| 32 NAME   |  |                          |                          |
| 33 STREET ADDRESS                                     |  |                          |                          |
| 34 CITY - ST - ZIP                                    |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 41 TITLE  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 NAME   |  |                          |                          |
| 43 STREET ADDRESS                                     |  |                          |                          |
| 44 CITY - ST - ZIP                                    |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 51 TITLE  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 52 NAME   |  |                          |                          |
| 53 STREET ADDRESS                                     |  |                          |                          |
| 54 CITY - ST - ZIP                                    |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 61 TITLE  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 62 NAME   |  |                          |                          |
| 63 STREET ADDRESS                                     |  |                          |                          |
| 64 CITY - ST - ZIP                                    |  | <input type="checkbox"/> | <input type="checkbox"/> |

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia M. Silver* *Bernard Mandler* *Mitchell W. Mandler* **8/13/96** **305-374-4567**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)