

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 5:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K80116** (2)

1. Corporation Name:  
**BERNARD F. SILVER, P.A.**

Principal Place of Business: **1725 S BAYSHORE DR MIAMI FL 33133 US**  
Mailing Address: **1725 S BAYSHORE DR MIAMI FL 33133 US**

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>04/13/1989</b>   | 3a. Date of Last Report<br><b>08/05/1994</b> |
| 4. FEI Number<br><b>65-0114539</b>   | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees           |
| 6. This corporation has liability for interagency tax under 31A (2)(b)(4), Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                      |
|--------------------------------|----------------------|
| 2. Principal Place of Business | 2a. Mailing Address  |
| 21. State Apt # etc.           | 26. State Apt # etc. |
| 22. City & State               | 27. City & State     |
| 24. ZIP                        | 25. Locality         |
| 29. ZIP                        | 30. Locality         |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SILVER, BERNARD F. P  
1725 S. BAYSHORE DR.  
MIAMI FL 33133**

|  |              |
|--|--------------|
| 81. Name   | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) | <b>FL</b>    |
| 83.  |              |
| 84. City   |              |

11. Pursuant to the provisions of Sections 607 (2)(c) and 607 (15)(b), 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 (15)(b), Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>PTS<br/>SILVER, BERNARD F.<br/>1725 S. BAYSHORE DR.<br/>MIAMI FL</b> | 1. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 2. NAME   |   |
| STREET ADDRESS             |   | 3. STREET ADDRESS                                       |   |
| CITY, ST, ZIP              |   | 4. CITY, ST, ZIP  |   |
| TITLE                      |   | 5. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 6. NAME   |   |
| STREET ADDRESS             |   | 7. STREET ADDRESS                                       |   |
| CITY, ST, ZIP              |   | 8. CITY, ST, ZIP  |   |
| TITLE                      |   | 9. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 10. NAME  |   |
| STREET ADDRESS             |   | 11. STREET ADDRESS                                      |   |
| CITY, ST, ZIP              |   | 12. CITY, ST, ZIP                                       |   |
| TITLE                      |   | 13. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 14. NAME  |   |
| STREET ADDRESS             |   | 15. STREET ADDRESS                                      |   |
| CITY, ST, ZIP              |   | 16. CITY, ST, ZIP                                       |   |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 130 (D)(1)(b)(4), 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 of this report or on an attachment with any change.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 1995 305/858-2868  
Date Time