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Report  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MWB

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Montague</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <b>K90891</b> 1. Corporation Name <b>GREENBERG, COHEN &amp; COMPANY, P.A.</b>					
Principal Place of Business <b>11790 SW 89 Street Miami, FL 33186-2166</b>		Mailing Address <b>11790 SW 89 Street Miami, FL 33186-2166</b>			
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>05/25/89</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		3a. Date of Last Report <b>04/05/96</b>	
City & State <b>23</b>		City & State <b>28</b>		4. FEI Number <b>65-0117121</b>	
Zip <b>24</b>		Country <b>25</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5a. Additional Fee Required <b>\$8.75</b>			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		6a. May Be Added to Fees <b>\$5.00</b>			
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent <b>PD GREENBERG, JEFFREY M. 11790 SW 89 Street Miami, FL 33186-2166</b>			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 <b>FL</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, 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
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>GREENBERG, JEFFREY M.</b>					
1.3 STREET ADDRESS <b>14850 SW 167 Street</b>					
1.4 CITY-ST-ZIP <b>Miami, FL 33187</b>					
2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
2.2 NAME <b>COHEN, ALBERT R.</b>					
2.3 STREET ADDRESS <b>11790 SW 89 Street, Miami, FL</b>					
2.4 CITY-ST-ZIP <b>33186-2166</b>					
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, or on an attachment with an address.					

SIGNATURE:

Jeffrey M. Greenberg

Date

Daytime Phone #

CR2E034 (9/96)