

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L06231 (9)**

1. Corporation Name  
**THE ALFANDRE PLATER-ZYBERK & DUANY RESEARCH CORPORATION**



Principal Place of Business  
**1023 SW 25TH AVE.  
MIAMI FL 33135**

Mailing Address  
**1023 SW 25TH AVE.  
MIAMI FL 33135**

3. Date Incorporated or Qualified <b>07/31/1989</b>	3a. Date of Last Report <b>03/17/1995</b>
4. FEI Number <b>65-0144212</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>MURAL WILD, BIONDO, MATTHEWS &amp; MORENO, P.A. 900 INGRAHAM BLDG 25 SE 2 AVE MIAMI FL 33131</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>
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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 607.0508, Florida Statutes.

SIGNATURE: *Elizabeth Plater-Zyberk* DATE: **2.8.96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11a. NAME <b>D PLATER-ZYBERK, ELIZABETH</b>	<input type="checkbox"/> DELETE	11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11b. STREET ADDRESS <b>6612 LEJEUNE RD CORAL GABLES FL</b>		12. NAME	
11c. CITY-STATE-ZIP		13. STREET ADDRESS	
11d. NAME <b>D DUANY, ANDRES</b>	<input type="checkbox"/> DELETE	14. CITY-STATE-ZIP	
11e. STREET ADDRESS <b>6612 LEJEUNE RD CORAL GABLES FL</b>		21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11f. CITY-STATE-ZIP		22. NAME	
11g. NAME		23. STREET ADDRESS	
11h. STREET ADDRESS		24. CITY-STATE-ZIP	
11i. CITY-STATE-ZIP		31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11j. NAME		32. NAME	
11k. STREET ADDRESS		33. STREET ADDRESS	
11l. CITY-STATE-ZIP		34. CITY-STATE-ZIP	
11m. NAME		41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11n. STREET ADDRESS		42. NAME	
11o. CITY-STATE-ZIP		43. STREET ADDRESS	
11p. NAME		44. CITY-STATE-ZIP	
11q. STREET ADDRESS		51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11r. CITY-STATE-ZIP		52. NAME	
11s. NAME		53. STREET ADDRESS	
11t. STREET ADDRESS		54. CITY-STATE-ZIP	
11u. CITY-STATE-ZIP		61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11v. NAME		62. NAME	
11w. STREET ADDRESS		63. STREET ADDRESS	
11x. CITY-STATE-ZIP		64. 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(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Elizabeth Plater-Zyberk* DATE: **2.8.96**

CR2E034 (12/95)