

CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
JEFFREY A. KERN, P.A.

DOCUMENT #
L20107

Mailing Address
11900 BISCAYNE BLVD. SUITE 264 MIAMI, FL 33181

Principal Place of Business
11900 BISCAYNE BLVD. SUITE 264 N. MIAMI, FL 33181

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| | | | | | |
|---|--|---|---|------------------------------------|-------------------------------|
| 2. Mailing Address 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Principal Place of Business 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 3. Date Incorporated or Qualified 10/3/1989 | 3a. Date of Last Report 1995 | 4. FEI Number 65-0186187 | Applied For Not Applicable |
| | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | |
| | | 7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/> | 8. 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
**KERN, JEFFREY A.
11900 BISCAYNE BLVD.
BISCAYNE CENTER SUITE 264
N. MIAMI, FL 33181**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)

| 12. OFFICERS AND DIRECTORS | | 13. CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---------------------|
| 1.1 TITLE Ad | 1.1 NAME KERN, JEFFREY A. | 1.1 TITLE | 1.1 NAME |
| 1.2 NAME | 1.2 STREET ADDRESS 2000 TOWERSIDE TERRACE | 1.2 STREET ADDRESS | 1.2 CITY - ST - ZIP |
| 1.3 STREET ADDRESS | 1.3 CITY - ST - ZIP MIAMI, FL 33138 | 1.3 CITY - ST - ZIP | 2.1 TITLE |
| 1.4 CITY - ST - ZIP | 2.1 NAME | 2.1 NAME | 2.1 STREET ADDRESS |
| 2.1 TITLE | 2.1 STREET ADDRESS | 2.1 STREET ADDRESS | 2.1 CITY - ST - ZIP |
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| 6.4 CITY - ST - 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or 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: **JEFFREY A. KERN** 4/22/96 (305) 899-8887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR