

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 # **L23115** (3)

1. Corporation Name

LIEBERMAN, HABER, P.A.

Principal Place of Business

Mailing Address

**%RON LIEBERMAN
9350 S DIXIE HWY NCNB BLDG PH2
MIAMI FL 33156
US**

**%R. LIEBERMAN
9350 S DIXIE HWY NCNB BLDG PH2
MIAMI FL 33156
US**



FILE

| | | | |
|--------------------------------|-------------------|---------------------|-------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | 8900 S.W. 107 AVE | 26 | 8900 S.W. 107 AVE |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 22 | SUITE # 206 | 27 | SUITE # 206 |
| City & State | | City & State | |
| 23 | MIAMI, FL. | 28 | MIAMI, FL. |
| Zip | Country | Zip | Country |
| 24 | 33176 | 25 | USA |
| 29 | 33176 | 30 | USA |

| | |
|--|--------------------------------|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 10/13/1989 | 05/01/1995 |
| 4. FEI Number | Applied For |
| 65-0149897 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input checked="" type="checkbox"/> | |
| 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| <input type="checkbox"/> | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIEBERMAN, RONALD S.
9350 S DIXIE HWY PH2
MIAMI FL 33156**

ADDRESS CHANGE

| | |
|-------|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | SUITE 206 |
| 84 | City |
| MIAMI | FL |
| 85 | Zip Code |
| 33176 | |

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, 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

Signature, type or printed name of registered agent and the 4 applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|---|
| TITLE | PD | 1.1 TITLE | ADDRESS Change <input type="checkbox"/> Addition |
| NAME | LIEBERMAN, RONALD S. | 1.2 NAME | |
| STREET ADDRESS | 9350 S DIXIE HWY PH2 | 1.3 STREET ADDRESS | 8900 S.W. 107 AVE., SUITE # 206 |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | MIAMI, FLORIDA 33176 |
| TITLE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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 amended, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 1996
Date Daytime Phone #

CR2E034 (12/95)