

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L64185 (6)
1. Corporation Name
RUBIN BARNEY & BIRGER, INC.

Principal Place of Business
2655 LE JEUNE ROAD
SUITE 203
CORAL GABLES FL 33134

Mailing Address
255 ALHAMBRA CIRCLE
STE 500
CORAL GABLES FL 33134-7404
US

FILED
Sep 12 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/06/1990		3a. Date of Last Report 04/23/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0197548		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

ZOLBERG, GLEN Z.
1101 BRICKELL AVENUE
SUITE 900
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CTS	1.1 TITLE	CTS
NAME	RUBIN, BRUCE	1.2 NAME	RUBIN, BRUCE
STREET ADDRESS	255 ALHAMBRA CIRCLE, SUITE 500	1.3 STREET ADDRESS	255 ALHAMBRA CIRCLE, SUITE #500
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134
TITLE	P	2.1 TITLE	P
NAME	BARNEY, CHRISTINE	2.2 NAME	BARNEY, CHRISTINE
STREET ADDRESS	255 ALHAMBRA CIRCLE, SUITE 500	2.3 STREET ADDRESS	255 ALHAMBRA CIRCLE, SUITE # 500
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134
TITLE	VP	3.1 TITLE	VP
NAME	BIRGER, LARRY	3.2 NAME	BIRGER, LARRY
STREET ADDRESS	255 ALHAMBRA CIRCLE, SUITE 500	3.3 STREET ADDRESS	255 ALHAMBRA CIRCLE, SUITE #500
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134
TITLE	VP	4.1 TITLE	VP
NAME	ROSS, FALK L	4.2 NAME	ROSS, FALK L
STREET ADDRESS	255 ALHAMBRA CIR, STE 500	4.3 STREET ADDRESS	255 ALHAMBRA CIRCLE #500
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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: *[Handwritten signatures]*

CR2E034 (4/97)