

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M03134** (7)  
1. Corporation Name  
**PINCHASIK, STRONGIN & COMPANY, A PROFESSIONAL AS  
SOCIATION**



Principal Place of Business <b>3225 AVIATION AVE #500 MIAMI FL 33133</b>	Mailing Address <b>3225 AVIATION AVE #500 MIAMI FL 33133-4785</b>
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3. Date Incorporated or Qualified <b>07/25/1984</b>	3a. Date of Last Report <b>04/30/1996</b>
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2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-2427890</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**YELEN, MITCHELL A.  
3225 AVIATION AVE #500  
MIAMI FL 33133**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<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 **MITCHELL A. YELEN** DATE **4/28/97**  
Signature typed or printed name of registered agent and firm if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	Change Addition
NAME	STREET ADDRESS	12 NAME	
CITY - ST - ZIP		13 STREET ADDRESS	
	<input type="checkbox"/> DELETE	14 CITY - ST - ZIP	
TITLE	NAME	21 TITLE	Change Addition
NAME	STREET ADDRESS	22 NAME	
CITY - ST - ZIP		23 STREET ADDRESS	
	<input type="checkbox"/> DELETE	24 CITY - ST - ZIP	
TITLE	NAME	31 TITLE	Change Addition
NAME	STREET ADDRESS	32 NAME	
CITY - ST - ZIP		33 STREET ADDRESS	
	<input type="checkbox"/> DELETE	34 CITY - ST - ZIP	
TITLE	NAME	41 TITLE	Change Addition
NAME	STREET ADDRESS	42 NAME	
CITY - ST - ZIP		43 STREET ADDRESS	
	<input type="checkbox"/> DELETE	44 CITY - ST - ZIP	
TITLE	NAME	51 TITLE	Change Addition
NAME	STREET ADDRESS	52 NAME	
CITY - ST - ZIP		53 STREET ADDRESS	
	<input type="checkbox"/> DELETE	54 CITY - ST - ZIP	
TITLE	NAME	61 TITLE	Change Addition
NAME	STREET ADDRESS	62 NAME	
CITY - ST - ZIP		63 STREET ADDRESS	
	<input type="checkbox"/> DELETE	64 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:

**Mark Pinchasi**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/28/97**

DAYTIME PHONE # **305 858 5800**

0177289

CR2E034 (9/96)