

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 # **M24136** (7)
1. Corporation Name
WARREN CAPITAL CORPORATION.



Principal Place of Business: **9350 S DIXIE HWY STE 900 MIAMI FL 33156**
Mailing Address: **9350 S DIXIE HWY STE 900 MIAMI FL 33156**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/03/1985	3a. Date of Last Report 02/27/1995
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 59-2605723	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WARREN, RICHARD
9350 S DIXIE HWY STE 900
MIAMI FL 33156**

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE PD	<input type="checkbox"/> DELETE	11. TITLE WARREN, RICHARD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME WARREN, RICHARD		12. NAME	
13. STREET ADDRESS 9350 S DIXIE HWY STE 900		13. STREET ADDRESS	
14. CITY, ST., ZIP MIAMI FL		14. CITY, ST., ZIP	
15. TITLE <input type="checkbox"/> DELETE		15. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
16. NAME		16. NAME	
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY, ST., ZIP		18. CITY, ST., ZIP	
19. TITLE <input type="checkbox"/> DELETE		19. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
20. NAME		20. NAME	
21. STREET ADDRESS		21. STREET ADDRESS	
22. CITY, ST., ZIP		22. CITY, ST., ZIP	
23. TITLE <input type="checkbox"/> DELETE		23. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
24. NAME		24. NAME	
25. STREET ADDRESS		25. STREET ADDRESS	
26. CITY, ST., ZIP		26. CITY, ST., ZIP	
27. TITLE <input type="checkbox"/> DELETE		27. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
28. NAME		28. NAME	
29. STREET ADDRESS		29. STREET ADDRESS	
30. CITY, ST., ZIP		30. CITY, ST., ZIP	
31. TITLE <input type="checkbox"/> DELETE		31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
32. NAME		32. NAME	
33. STREET ADDRESS		33. STREET ADDRESS	
34. CITY, ST., ZIP		34. CITY, ST., ZIP	
35. TITLE <input type="checkbox"/> DELETE		35. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
36. NAME		36. NAME	
37. STREET ADDRESS		37. STREET ADDRESS	
38. CITY, ST., ZIP		38. CITY, ST., ZIP	
39. TITLE <input type="checkbox"/> DELETE		39. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
40. NAME		40. NAME	
41. STREET ADDRESS		41. STREET ADDRESS	
42. CITY, ST., ZIP		42. CITY, ST., ZIP	

14. I 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 of this report or on an attached statement with an address.

SIGNATURE: *Richard A. Nathan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **RICHARD A. NATHAN**
President

1/31/96 30-670-2226
DATE OF FILING

CR2E034 (12/95)