

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # M86613 (0)

1. Corporation Name
SUITE 300 MANAGEMENT CORP.

FILED
95 JAN 23 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: 2440 CORAL WAY, SUITE 300, MIAMI FL 33145
Mailing Address: 2440 CORAL WAY, SUITE 300, MIAMI FL 33145

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/23/1988		3a. Date of Last Report 01/25/1994	
21		26		4. FEI Number 59-2852044		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$9.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	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				10. Name and Address of New Registered Agent			
PINO, RAUL F 2440 CORAL WAY SUITE 300 MIAMI FL 33145				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City		
				FL	B5	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: _____ DATE: _____
Signature, typed or printed name of registered agent and the date applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DSP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINO, RAUL F.	1.2 NAME	
STREET ADDRESS	2440 CORAL WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	I	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINO, ISaura	2.2 NAME	
STREET ADDRESS	2440 CORAL WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 changed or is an individual with an address.

SIGNATURE: _____ RAUL F. PINO 305-854-1904
SIGNATURE AND TYPED OR PRINTED NAME OF CHIEF OFFICER OR DIRECTOR

LAW OFFICES

Raul F. Pino, P.A.

2440 CORAL WAY
MIAMI, FLORIDA 33145

TELEPHONES (305) 854-1904
(305) 443-1895
FAX: (305) 854-1937

Raul F. Pino, P.A.

January 11, 1995

Secretary of Florida
Division of Corporations
Caller Service #1500
Tallahassee, FL 32302-1500

Re: SUITE 300 MANAGEMENT CORP.

Gentlemen:

Enclosed please find your 1995 Annual Report Form which has been completed and duly executed by the undersigned.

Also enclosed please find our check to cover your fees in the amount of \$200.00.

Do not hesitate to contact us if you should need any additional information.

Sincerely,

LAW OFFICES OF RAUL F. PINO, P.A.

Raul F. Pino, Esquire

RFP/st

Encl./