

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000028909 (8)

1. Corporation Name
MARIA R. CASO CASERTA, P.A.



Principal Place of Business: 1996 SW FIRST ST MIAMI FL 33135
Mailing Address: 1996 SW FIRST ST MIAMI FL 33135

3. Date Incorporated or Qualified: 04/20/1993
3a. Date of Last Report: 01/13/1995

2. Principal Place of Business: 21 4539 Ponce de Leon Blvd. Suite, Apt. #, etc.
22 City & State: Coral Gables, FL 33146
23 Zip: 33146 Country: USA
24
2a. Mailing Address: 26 4539 Ponce de Leon Blvd. Suite, Apt. #, etc.
27 City & State: Coral Gables, FL 33146
28 Zip: 33146 Country: USA
29
30

4. FEI Number: 65-0403820 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

CASERTA, MARIA R
1996 SW FIRST ST
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name: MARIA R. CASO CASERTA
82 Street Address (P.O. Box Number is Not Acceptable): 4539 Ponce de Leon Boulevard
83
84 City: Coral Gables, FL 85 Zip Code: 33146

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]
Signature of principal name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

January 22, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	CASERTA, MARIA R	
STREET ADDRESS	1996 SW FIRST ST	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARIA R. CASO CASERTA	
1.3 STREET ADDRESS	4539 Ponce de Leon Boulevard	
1.4 CITY-ST-ZIP	Coral Gables, FL 33146	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 22, 1996 (305)666-9300

Date

Daytime Phone #

CR2E034 (12/95)