

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **P93000075435 (6)**  
1. Corporation Name  
**STEIN-OPPENHEIMER CORPORATION**

50 MAY - 1 1995  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **175 FONTAINBLEAU BLVD. SUITE 1-D MIAMI FL 33172**  
Mailing Address: **175 FONTAINBLEAU BLVD. SUITE 1-D MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
3. Date Incorporated or Qualified: **10/25/1993**  
3a. Date of Last Report: **11/18/1994**  
4. FIC Number: **65-0532866**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under § 199.039, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**GRIMALDI, ANTHONY  
175 FOUNTAINBLEAU BLVD.  
SUITE 1-D  
MIAMI FL 33172**

10. Name and Address of New Registered Agent  
B1 Name:  
B2 Street Address, P.O. Box Number, or Not Applicable:  
B3:  
B4 City:  
B5 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.05(3) and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby, accept the appointment of a registered agent. I am familiar with and accept the obligations of Section 607.05(3), Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGE OF OFFICERS AND DIRECTORS	
NAME	DP GRIMALDI, ANTHONY 175 FOUNTAINBLEAU BLVD., #1D MIAMI FL 33172	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
NAME	D GRIMALDI, NINA 175 FOUNTAINBLEAU BLVD., #1D MIAMI FL 33172	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		8. STREET ADDRESS	
CITY, ST, ZIP		9. CITY, ST, ZIP	
NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		14. STREET ADDRESS	
CITY, ST, ZIP		15. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and correct and qualify for the exemptions stated in Section 199.039(3), Florida Statutes. I further certify that the information is furnished as the annual report or supplementary annual report of a firm and is accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee responsible to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 3, of a completed annual attachment with an address.

SIGNATURE: *Nina Grimaldi - Director*  
NINA GRIMALDI  
4-27-95 365-226 8668