

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 # **P94000003674 (6)**

1. Corporation Name
ZIANI CAPITAL FINANCIAL ADVISORS, INC.



Principal Place of Business Mailing Address
1110 BRICKELL AVENUE SUITE 800 MIAMI FL 33131 **1401 Brickell Ave Suite 700 Miami FL 33131**

21	22	23	24	25	26	27	28	29	30
Principal Place of Business		Mailing Address		21		22		23	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		Zip	
Country		Country		Country		Country		Country	

3. Date Incorporated or Qualified	3a. Date of Last Report
01/14/1994	04/05/1995
4. FEI Number	Applied For
65-0464440	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
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				10. Name and Address of New Registered Agent	
THE PRENTICE HALL CORPORATION SYSTEM, INC 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	DELETED	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	PD WILSON, ROBERT G		1.2 NAME		
CITY - ST - ZIP	151 CRANDON BLVD, APT 11127		1.3 STREET ADDRESS		
TITLE	KEY BISCAYNE FL		1.4 CITY - ST - ZIP		
NAME		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			2.2 NAME		
CITY - ST - ZIP			2.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP		
NAME			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			3.2 NAME		
CITY - ST - ZIP			3.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP		
NAME			4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			4.2 NAME		
CITY - ST - ZIP			4.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP		
NAME			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			5.2 NAME		
CITY - ST - ZIP			5.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP		
NAME			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			6.2 NAME		
CITY - ST - ZIP			6.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	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: Robert G Wilson **Robert G Wilson** President 3/2/96 305-377-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)