

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000028273 (8)**

1. Corporation Name

GEIGER, KASDIN, HELLER, KUPERSTEIN, CHAMES & WEIL, P.A.



Principal Place of Business

Mailing Address

1428 BRICKELL AVENUE
SUITE 600
MIAMI FL 33131
US

1428 BRICKELL AVENUE
SUITE 600
MIAMI FL 33131
US

3. Date Incorporated or Qualified

04/13/1994

3a. Date of Last Report

03/06/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

GEIGER, ROBERT S
1428 BRICKELL AVENUE
SUITE 600
MIAMI FL 33131

4. FEI Number

65-0488358

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

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

Signature of Registered Agent

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	GEIGER, ROBERT S	
STREET ADDRESS	1428 BRICKELL AVENUE, STE., 600	
CITY-STATE-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HELLER, JONAHAN	
STREET ADDRESS	1428 BRICKELL AVENUE, STE 600	
CITY-STATE-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KUPERSTEIN, STANLEY H	
STREET ADDRESS	1428 BRICKELL AVENUE, STE. 600	
CITY-STATE-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	Neisen O. Kasdin, Esq.	
STREET ADDRESS	1428 Brickell Avenue, Suite 600	
CITY-STATE-ZIP	Miami, FL 33131	
TITLE	V	<input type="checkbox"/> DELETE
NAME	Deborah S. Chames, Esq.	
STREET ADDRESS	1428 Brickell Avenue, Suite 600	
CITY-STATE-ZIP	Miami, FL 33131	
TITLE	V	<input type="checkbox"/> DELETE
NAME	Bruce A. Weil, Esq.	
STREET ADDRESS	1428 Brickell Avenue, Suite 600	
CITY-STATE-ZIP	Miami, FL 33131	

1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
2 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
3 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
4 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
6 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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 member 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, with an attached residential address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)