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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 23 PM 3:14

DOCUMENT # **P94000070721 (3)**  
1. Corporation Name:  
**HANZMAN & CRIDEN, P.A.**

Principal Place of Business: **C/O RONALD R. FIELDSTONE  
2601 S BAYSHORE DR SUITE 1600  
MIAMI FL 33133**

Mailing Address: **C/O RONALD R. FIELDSTONE  
2601 S BAYSHORE DR SUITE 1600  
MIAMI FL 33133**

3. Date of Incorporation (or Revised): **09/23/1994**  
3a. Date of Last Report: **09/23/1994**

2. Principal Place of Business: **21 200 So. BISCAYNE BLVD**  
2a. Mailing Address: **26 200 So. BISCAYNE BLVD**

22. **STE 2100** 27. **STE 2100**

23. **MIA., FL** 28. **MIA., FL**

24. **33131** 25. **DADE** 29. **33131** 30. **DADE**

4. F.I.L. Number: **65-0521139**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Director Campaign Contribution / Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. Does corporation have liability for intangible taxes under S. 190.04, Florida Statutes?  Yes  No

9. Name and Address of Current Registered Agent:  
**FIELDSTONE, RONALD R  
2601 S BAYSHORE DR  
SUITE 1600  
MIAMI FL 33133**

10. Name and Address of New Registered Agent:  
B1 Name: **MICHAEL A. HANZMAN**  
B2 Street Address (P.O. Box Number is Not Acceptable): **200 So. BISCAYNE BLVD # 2100**  
B3 City: **MIAMI** FL B5 Zip Code: **33131**

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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 607.0503, Florida Statutes.

SIGNATURE: *[Signature]* **2/17/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)	
TITLE: <b>D</b>	NAME: <b>HANZMAN, MICHAEL A</b>	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	NAME: <b>MICHAEL A. HANZMAN</b>
STREET ADDRESS: <b>2601 S BAYSHORE DR SUITE 1600</b>	CITY, ST, ZIP: <b>MIAMI FL 33133</b>	TITLE: <b>200 So BISCAYNE BLVD STE 2100</b>	STREET ADDRESS: <b>MIAMI, FL 33131</b>
TITLE: <b>PRESIDENT</b>	NAME: <b>MICHAEL A. HANZMAN</b>	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	NAME: <b>MICHAEL A. HANZMAN</b>
STREET ADDRESS: <b>200 So. BISCAYNE BLVD STE 2100</b>	CITY, ST, ZIP: <b>MIAMI, FL 33131</b>	TITLE: <b>VICE - PRESIDENT</b>	NAME: <b>MICHAEL E. CRIDEN</b>
TITLE: <b>VICE - PRESIDENT</b>	NAME: <b>MICHAEL E. CRIDEN</b>	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	NAME: <b>MICHAEL E. CRIDEN</b>
STREET ADDRESS: <b>200 So. BISCAYNE BLVD STE 2100</b>	CITY, ST, ZIP: <b>MIAMI, FL 33131</b>	TITLE: <b>SECRETARY</b>	NAME: <b>MICHAEL A. HANZMAN</b>
TITLE: <b>SECRETARY</b>	NAME: <b>MICHAEL A. HANZMAN</b>	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	NAME: <b>MICHAEL A. HANZMAN</b>
STREET ADDRESS: <b>200 So. BISCAYNE BLVD STE 2100</b>	CITY, ST, ZIP: <b>MIAMI, FL 33131</b>	TITLE: <b>TREASURER</b>	NAME: <b>MICHAEL A. HANZMAN</b>
TITLE: <b>TREASURER</b>	NAME: <b>MICHAEL A. HANZMAN</b>	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	NAME: <b>MICHAEL A. HANZMAN</b>
STREET ADDRESS: <b>200 So. BISCAYNE BLVD STE 2100</b>	CITY, ST, ZIP: <b>MIAMI, FL 33131</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME: <b>MICHAEL A. HANZMAN</b>

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and I have not signed for the exemption stated in section 190.04, Florida Statutes. I further certify that the information indicated on the annual report or supplemental report is true and correct and that the signatories all have the same legal effect. I do not make any representation as to the accuracy of the information on this report or the accuracy of the information on the report as required by Florida Statutes, and I do not make any representation as to the accuracy of the information on the report as required by Florida Statutes.

SIGNATURE: *[Signature]* **1/3/95 005514 1022**  
MICHAEL A. HANZMAN