

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000078253 (9)**

1. Corporation Name  
**JOHN M. WEINBERG, P.A.**



Principal Place of Business: ~~1925 BRICKELL AVE. SUITE D-207 MIAMI FL 33129~~  
Mailing Address: ~~1925 BRICKELL AVE. SUITE D-207 MIAMI FL 33129~~

3. Date Incorporated or Qualified: **10/19/1994**  
3a. Date of Last Report: **03/16/1995**  
4. FEI Number: **65-0525935**  
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

21. Principal Place of Business: **1450 Madruga Ave.**  
22. **Suite 302**  
23. **Coral Gables, FL**  
24. **33146** 25. **Dade**  
26. Mailing Address: **1450 Madruga Ave.**  
27. **Suite 302**  
28. **Coral Gables, FL**  
29. **33146** 30. **Dade**

9. Name and Address of Current Registered Agent:  
~~WEINBERG, JOHN M  
1925 BRICKELL AVE.  
SUITE D-207  
MIAMI FL 33129~~

10. Name and Address of New Registered Agent:  
81 Name: **WEINBERG JOHN M**  
82 Street Address (P.O. Box Number is Not Acceptable): **1450 MADRUGA AVE.**  
83 **SUITE 302**  
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 607.0205, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS

12.1 TITLE	<b>PSID</b>	<input checked="" type="checkbox"/> DELETE
12.2 NAME	<b>WEINBERG, JOHN M</b>	
12.3 STREET ADDRESS	<del>1925 BRICKELL AVE.</del>	
12.4 CITY-ST-ZIP	<del>MIAMI FL 33129</del>	
12.5 TITLE		<input type="checkbox"/> DELETE
12.6 NAME		
12.7 STREET ADDRESS		
12.8 CITY-ST-ZIP		
12.9 TITLE		<input type="checkbox"/> DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY-ST-ZIP		
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<b>PSID</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	<b>WEINBERG JOHN M</b>	
13.3 STREET ADDRESS	<b>1450 Madruga Avenue, Suite 302</b>	
13.4 CITY-ST-ZIP	<b>Coral Gables, FL 33146</b>	
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY-ST-ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY-ST-ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY-ST-ZIP		

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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: **John Weinberg**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

305-669-9535