

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra F. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000014326 (9)

1. Corporation Name

VIRGINIA BAUER & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

~~1501 N.W. SOUTH RIVER DRIVE
MIAMI FL 33125~~

1501 N.W. SOUTH RIVER DRIVE
MIAMI FL 33125

3. Date Incorporated or Qualified

02/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 12515 N. Kendall Drive

26 12515 N. Kendall Drive

4. FEI Number

65-0551797

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite # 314

Suite, Apt. #, etc.

27 Suite # 314

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 Miami, FL

City & State

28 Miami, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

24 33186

Country

25 USA

Zip

29 33186

Country

30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAUER, VIRGINIA B

~~1501 N.W. SOUTH RIVER DRIVE
MIAMI FL 33125~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

12515 N. Kendall Drive

83

Suite # 314

84 City

Miami

FL

85 Zip Code

33186

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BAUER, VIRGINIA B	
STREET ADDRESS	1501 N.W. SOUTH RIVER DRIVE	
CITY - ST - ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bauer, Virginia B	
1.3 STREET ADDRESS	12515 N. Kendall Drive, #314	
1.4 CITY - ST - ZIP	Miami, FL 33186	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	900001833988	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	-05/22/96--01021--026	
4.3 STREET ADDRESS	***200.00	
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Virginia Bauer VIRGINIA BAUER 4/15/96 (305) 271-8585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)