

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 # P95000021524 (0)

1. Corporation Name

R.L. MAGRAM, P.A.



Principal Place of Business

R. L. Magram, P.A.
Florida Bar No. 128349
8055 S.W. 99 Street
Miami, FL 33156
Phone 305-274-2077

Mailing Address

R. L. Magram, P.A.
Florida Bar No. 128349
8055 S.W. 99 Street
Miami, FL 33156
Phone 305-274-2077

3. Date Incorporated or Qualified

03/16/1995

3a. Date of Last Report

N/A

4. FEI Number

65-0561940

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 8055 SW 99 St

27 City & State

28 Miami FLORIDA

29 33156 30 DADE

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81 Name

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

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84 City

85 Zip Code

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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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the date.

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	DELETE
NAME	MAGRAM, RONALD L	
STREET ADDRESS	1225 SW 87TH AVE. 8055 SW 99 ST	
CITY-STATE-ZIP	MIAMI FL 33156	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	MAGRAM, Ronald L.	Change	Addition
2. NAME	8055 SW 99 Street		
3. STREET ADDRESS	Miami Florida 33156		
4. CITY-STATE-ZIP			
5. TITLE		Change	Addition
6. NAME			
7. STREET ADDRESS			
8. CITY-STATE-ZIP			
9. TITLE		Change	Addition
10. NAME			
11. STREET ADDRESS			
12. CITY-STATE-ZIP			
13. TITLE		Change	Addition
14. NAME			
15. STREET ADDRESS			
16. CITY-STATE-ZIP			
17. TITLE		Change	Addition
18. NAME			
19. STREET ADDRESS			
20. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald L. Magram, Pres 2/16/96 305-274-2077

2-27-96 50