

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000043892 (5)

1. Corporation Name

ARISTA MANAGEMENT GROUP SOUTH, INC.



Principal Place of Business	Mailing Address
3600 SOUTH CONGRESS AVE- BOYNTON BEACH FL 33420 12289 Pembroke Road Suite 106 Pembroke Pines, FL	3600 SOUTH CONGRESS AVE- BOYNTON BEACH FL 33420 12289 Pembroke Road Suite 106 Pembroke Pines, FL

3. Date Incorporated or Qualified 06/07/1995	3a. Date of Last Report
4. FEI Number 65-0583967	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business 12289 Pembroke Road	2a. Mailing Address 12289 Pembroke Road
22. Suite, Apt. #, etc. Suite 106	27. Suite, Apt. #, etc. Suite 106
23. City & State Pembroke Pines, FL 33025	25. City & State Pembroke Pines, FL 33025
24. Zip 25. Country	29. Zip 30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134		81. Name Charles W. Davis			
		82. Street Address (P.O. Box Number is Not Acceptable) 12289 Pembroke Road			
		83. Suite Suite 106			
		84. City Pembroke Pines	85. Zip Code FL 33025		

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 Charles W. Davis **CHARLES W. DAVIS** DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE P-S-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVIS, CHARLES W		1.2 NAME	
STREET ADDRESS 3600 SOUTH CONGRESS AVE.		1.3 STREET ADDRESS 12289 Pembroke Rd. #106	
CITY-ST-ZIP BOYNTON BEACH FL 33420		1.4 CITY-ST-ZIP Pembroke Pines, FL 33025	
TITLE STD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BINDEROW, HILBERT		2.2 NAME DAVIS, JULIE A.	
STREET ADDRESS 3600 SOUTH CONGRESS AVE.		2.3 STREET ADDRESS 12289 Pembroke Rd. #106	
CITY-ST-ZIP BOYNTON BEACH FL 33420		2.4 CITY-ST-ZIP Pembroke Pines, FL 33025	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Asst Sec/Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BINDEROW, GEORGIA		3.2 NAME THOMPSON, LAURA	
STREET ADDRESS 3600 SOUTH CONGRESS AVE.		3.3 STREET ADDRESS 12289 Pembroke Rd. #106	
CITY-ST-ZIP BOYNTON BEACH FL 33420		3.4 CITY-ST-ZIP Pembroke Pines, FL 33025	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Charles W. Davis (954) 436-5888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)