

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra P. Mathan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000052142 (3)

1. Corporation Name:

LAW OFFICES OF JOHN R. FIORE, PA



Principal Place of Business

20801 BISCAYNE BLVD.
SUITE 400
MIAMI FL 33180

Mailing Address

20801 BISCAYNE BLVD.
SUITE 400
MIAMI FL 33180

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

**FIORE, JOHN R
20801 BISCAYNE BLVD.
SUITE 400
MIAMI FL 33180**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	State
85	Zip Code

3. Date Incorporated or Qualified	07/06/1995	3a. Date of Last Report	N/A
4. EIN Number	65-0605677	Applied For	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. 190.032, Florida Statutes.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

11. Pursuant to the provisions of Sections 607.06(2) and 607.06(3), 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, hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.06(3), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D P	<input type="checkbox"/> DELETE
NAME	JOHN R. FIORE	
STREET ADDRESS	20801 BISCAYNE BLVD - #400	
CITY-STATE	MIAMI, FL 33180	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
6. STREET ADDRESS	
7. CITY-STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME	
9. STREET ADDRESS	
10. CITY-STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME	
12. STREET ADDRESS	
13. CITY-STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption state in Section 119.07(4)(k), Florida Statutes. I further certify that the information is true and correct, or, if false, is based on supplemental information reported to be true and correct, 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 Book 12 or Book 13 of the register on an authorized and valid means.

SIGNATURE: *[Signature]* JOHN R. FIORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96 (305) 936-8977

CR2E034 (12/95)