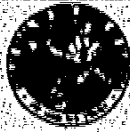


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 26 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # S28670 (5)**

1. Corporation Name  
**REINERT, PEREZ AND GORAN, P.A.**

Principal Place of Business: **224 PALERMO AVE  
CORAL GABLES FL 33134**  
Mailing Address: **224 PALERMO AVE  
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/31/1991**      3a. Date of Last Report: **05/01/1994**  
4. FEI Number: **65-0166252**      Applied For:  Applied For  
Not Applicable:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional  
Fee Required**  
6. Election Campaign Financing  
Trust Fund Contribution:  **\$5.00 May Be  
Added to Fees**  
9. This corporation has liability for intangible tax under C. 199.032,  
Florida Statutes:  Yes  No

2. Principal Place of Business: 21  2a. Mailing Address: 26   
Suite, Apt. #, etc.: 22  Suite, Apt. #, etc.: 27   
City & State: 23  City & State: 28   
Zip: 24  Country: 25  Zip: 29  Country: 30

9. Name and Address of Current Registered Agent  
**GORAN, WILLIAM T.  
224 PALERMO AVE  
CORAL GABLES FL 33143**

10. Name and Address of New Registered Agent  
81 Name:   
82 Street Address (P.O. Box Number is Not Acceptable):   
83   
84 City:  FL 85 Zip Code:

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>REINERT, ANTHONY</b>
STREET ADDRESS	<b>224 PALERMO AVE</b>
CITY - ST - ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>D</b>
NAME	<b>PEREZ, LUIS N.</b>
STREET ADDRESS	<b>224 PALERMO AVE</b>
CITY - ST - ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>D</b>
NAME	<b>GORAN, WILLIAM T.</b>
STREET ADDRESS	<b>224 PALERMO AVE</b>
CITY - ST - ZIP	<b>CORAL GABLES FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William T. Goran  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_