FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:23

DOCUMENT # V14117 (8)

1. Corporation Name

NATHAN I. LEDER, P.A.

Principal Place of Business	Mailing Address
~~444 BRICKELL AVE~~ ~~SUITE 1050~~ ~~MIAMI FL 33131~~	~~444 BRICKELL AVE~~ ~~SUITE 1050~~ ~~MIAMI FL 33131~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1992
3a. Date of Last Report: 01/19/1994
4. FEI Number: 65-0321999 — [ ] Applied For [ ] Not Applicable — $8.75 Additional Fee Required
5. Certificate of Status Desired [ ]
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 5200 Blue Lagoon Dr.	26 (Same)
Suite, Apt. # etc 22 # 600	Suite, Apt. # etc 27
City & State 23 Miami, FL	City & State 28
Zip 24 33126 — Country 25 USA	Zip 29 — Country 30

9. Name and Address of Current Registered Agent

LEDER, NATHAN I.
~~444 BRICKELL AVE~~
~~SUITE 1050~~
~~MIAMI FL 33131~~

5200 BLUE LAGOON DRIVE
SUITE 600
MIAMI, FLORIDA 33126-2022

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — FL — 05 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEDER, NATHAN I.
STREET ADDRESS	~~444 BRICKELL AVE #1050~~
CITY ST ZIP	~~MIAMI FL~~
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY ST ZIP — [X] Change [ ] Addition

5200 BLUE LAGOON DRIVE
SUITE 600
MIAMI, FLORIDA 33126-2022

2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY ST ZIP — [ ] Change [ ] Addition

3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY ST ZIP — [ ] Change [ ] Addition

4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY ST ZIP — [ ] Change [ ] Addition

5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY ST ZIP — [ ] Change [ ] Addition

6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY ST ZIP — [ ] Change [ ] Addition

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)(i), 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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nathan I. Leder

1/12/95 (305) 267-1200

0132101 CP