

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # ~~P95000020362 (6)~~ V15378
~~SOUTH FLORIDA ACQUISITIONS, INC.~~
~~SOUTH FLORIDA ACQUISITIONS, INC.~~

Principal Place of Business
848 Brickell Avenue
Suite 1120
Miami FL 33131-2943
US

Mailing Address
One Greenway Plaza
Suite 850
Houston, TX 77046-0102
US

2 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/20/1992	3a. Date of Last Report 03/17/1995
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0474323	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent Yogel, Howard J. Suite 34000 2 South Biscayne Blvd. Miami, FL 33131	10. Name and Address of New Registered Agent 81 Name Shapiro, Robert L. 82 Street Address (P.O. Box Number is Not Acceptable) 848 Brickell Avenue 83 Suite 1120 84 City Miami 85 Zip Code FL 33131
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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 607.0505, Florida Statutes.

SIGNATURE Robert L. Shapiro
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE 4/24/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P Friedman, Leonard E.	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	One Greenway Plaza, Suite 850
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Houston, TX 77046-0102
TITLE	V Friedman, David A.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS	848 Brickell Avenue, Suite 1120	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131-2943	2.4 CITY-ST-ZIP	
TITLE	S Gray, Sandra L.	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Gray, Sandra L.
STREET ADDRESS		3.3 STREET ADDRESS	One Greenway Plaza, Suite 850
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Houston, Texas 77046-0102
TITLE	T Swinke, David L.	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	One Greenway Plaza, Suite 850
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Houston, TX 77046-0102
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	300001822443
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-05/15/96--01052--001
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	***208.75
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: Sandra L. Gray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sandra L. Gray

DATE: 4/25/96
DAYTIME PHONE: 713-850-1850