

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra O. Murphree  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

55 MAY -1 PM 1:19

**DOCUMENT # V47329 (0)**

1. Corporation Name:  
**BEVERLY P. MYRBERG, PROFESSIONAL ASSOCIATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **2100 CORAL WAY SUITE 500 MIAMI FL 33145**  
Mailing Address: **2100 CORAL WAY SUITE 500 MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE

|                                |  |                      |  |  |   |
|--------------------------------|--|----------------------|--|--|---|
| 2. Previous Place of Business: |  | 2a. Mailing Address: |  | 3. Date Incorporated or Qualified:   | 3a. Date of Last Report:  |
| 21                             |  | 26                   |  | 06/26/1992   | 10/24/1994  |
| 22                             |  | 27                   |  | 4. FET Number:   | Applied For:  |
| 23                             |  | 28                   |  | 65-0340833   | Not Applicable  |
| 24                             |  | 29                   |  | 5. Certificate of Status Desired:  | \$8.75 Additional Fee Required                                      |
| 25                             |  | 30                   |  | 6. Election Campaign Financing Trust Fund Contribution:                                  | \$5.00 May Be Added to Fees   |
|                                |  |                      |  | 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|  |  |  |  |  |                 |
|--|--|--|--|--|-----------------|
| 9. Name and Address of Current Registered Agent:                               |  |  |  | 10. Name and Address of New Registered Agent:          |                 |
| <b>MYRBERG, BEVERLY P.<br/>2100 CORAL WAY<br/>SUITE 500<br/>MIAMI FL 33145</b> |  |  |  | 81 Name:   |                 |
|  |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable): |                 |
|  |  |  |  | 83 City:   |                 |
|  |  |  |  | 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: \_\_\_\_\_ Registered Agent (or other registered agent, if applicable)

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------------|---|--|
| TITLE                      | PVS                      | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MYRBERG, BEVERLY P.      | 1.2 NAME  |  |
| STREET ADDRESS             | 1510 SALZEDO ST., APT. 1 | 1.3 STREET ADDRESS                                    |  |
| CITY, ST, ZIP              | CORAL GABLES FL          | 1.4 CITY, ST, ZIP                                     |  |
| TITLE                      | T                        | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MYRBERG, BEVERLY P.      | 2.2 NAME  | Delete   |
| STREET ADDRESS             | 1510 SALZEDO ST., APT. 1 | 2.3 STREET ADDRESS                                    |  |
| CITY, ST, ZIP              | CORAL GABLES FL          | 2.4 CITY, ST, ZIP                                     |  |
| TITLE                      |                          | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                          | 3.2 NAME  |  |
| STREET ADDRESS             |                          | 3.3 STREET ADDRESS                                    |  |
| CITY, ST, ZIP              |                          | 3.4 CITY, ST, ZIP                                     |  |
| TITLE                      |                          | 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                      |                          | 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                      |                          | 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(6)(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 this 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: *Beverly P. Myrberg* Beverly P. Myrberg 4/30/95 305-859-4900  
SIGNATURE AND PRINTED OR PRINTED NAME OF APPOINTED OFFICER OR DIRECTOR