FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000093412 (1)**

1. Corporation Name

OSHEROFF-WITTELS FAMILY CORP

Principal Place of Business	Mailing Address
1925 N.E. 118TH ROAD NORTH MIAMI FL 33181	1925 N.E. 118TH ROAD NORTH MIAMI FL 33181

3. Date Incorporated or Qualified: **12/07/1995** | 3a. Date of Last Report:

4. FEI Number: 65-0031811 | Applied For | Not Applicable

5. Certificate of Status Desired: [X] **$8.75** Additional Fee Required

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 12280 N.E. 14TH Ave	26 12280 N.E. 14TH Ave.
22 Suite, Apt. #, etc. Suite #1000	27 Suite, Apt. #, etc. Suite # 2000
23 City & State N. MIAMI, FLA.	28 City & State N. MIAMI FLA
24 Zip 33161	25 County DADE
	29 Zip 33161
	30 County DADE

9. Name and Address of Current Registered Agent

SIMON, GARY P.
9100 S. DADELAND BLVD
SUITE 504
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: MARC A. OSHEROFF
82 Street Address (P.O. Box Number is Not Acceptable): 12280 N.E. 14TH Ave.
83 Suite #1000
84 City: N. MIAMI, FLA. FL 85 Zip Code: 33161

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: Marc A. OSHEROFF 4/10/96
Signature of New Registered Agent (if changing) — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	[X] Change [ ] Addition
NAME	OSHEROFF, MARC A. ESQ	12 NAME	OSHEROFF, MARC, A.
STREET ADDRESS	1925 N.E. 118TH ROAD	13 STREET ADDRESS	12280 N.E. 14TH Ave
CITY-ST-ZIP	NORTH MIAMI FL 33181	14 CITY-ST-ZIP	N. MIAMI, FLA. 33161
TITLE	D	21 TITLE	[X] Change [ ] Addition
NAME	WITTELS, NEIL P.	22 NAME	WITTELS, NEIL P.
STREET ADDRESS	1925 N.E. 118TH ROAD	23 STREET ADDRESS	12280 N.E. 14TH Ave.
CITY-ST-ZIP	NORTH MIAMI FL 33181	24 CITY-ST-ZIP	N. MIAMI, FLA. 33161
TITLE	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Marc A. OSHEROFF 4/10/96 561 573 0193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)