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 # **453244** **(6)**

1. Corporation Name
1ST PROFESSIONAL ASSOCIATES, INC.

Principal Place of Business
8075 SW 107 AVE
SUITE 205
MIAMI FL 33173
US

Mailing Address
P.O. BOX 56-1536
STE. 211
MIAMI FL 33256
US

3. Date Incorporated or Qualified: 05/17/1974
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 6255-1 DAY CLUB DR
Suite, Apt. #, etc.
22 #1
City & State
23 FT. LAUDERDALE, FL.
Zip 24 33308 Country 25 USA

2a. Mailing Address
26 4278 NO. FEDERAL HWY
Suite, Apt. #, etc.
27 S.293
City & State
28 FT. LAUDERDALE, FL.
Zip 29 33308 Country 30 USA

4. FEI Number: 59-1570656 — Applied For / 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
CARBONE, FRANKLIN
8075 SW 107 AVENUE
SUITE 205
MIAMI FL 33173

10. Name and Address of New Registered Agent
81 Name: FRANKLIN CARBONE
82 Street Address (P.O. Box Number is Not Acceptable): 6255-1 DAY CLUB DR
83
84 City: FT. LAUDERDALE FL 85 Zip Code: 33308

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 _____
Signature, typed or printed name of registered agent (if applicable) (NOTE: If a corporate Agent, then an authorized officer must sign) DATE

12. OFFICERS AND DIRECTORS

TITLE	P ☐ DELETE
NAME	CARBONE, FRANKLIN
STREET ADDRESS	~~8075 SW 107 AVE 107-205~~
CITY-ST-ZIP	~~MIAMI, FL 00000~~
TITLE	S ☐ DELETE
NAME	CARBONE, REMOLINO JANIS
STREET ADDRESS	100 BELLEVILLE AVE.
CITY-ST-ZIP	BLOOMFIELD NJ
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 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: Franklin D. Carbone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRANKLIN D. CARBONE

4/26/96 Date 954-772-4882 Daytime Phone #

CR2E034 (12/95)