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

APPROVED AND FILED

95 MAY -1 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **600251** **(3)**

1. Corporate Name
BALLI, KATHE, RISECH & ZAND, P.A.

Principal Place of Business
1100 NW 95TH ST
MIAMI FL 33150

Mailing Address
1100 NW 95TH ST
MIAMI FL 33150

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1966
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
St. — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-1150880 — 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
PENINSULA REGISTERED AGENTS INC.
200 S.E. FIRST ST. (PH)
MIAMI, FL
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name: Lawrence M. Ploucha, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): Atkinson,Diner,Stone,Black & Mankuta, P.A.
83: 1946 Tyler Street
84 City: Hollywood FL
85 Zip Code: 33022-2088

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: L M PLOUCHA 5/1/95
Signature of Registered Agent or Officer of Registered Agent Corporation — Name of Registered Agent or Officer of Registered Agent Corporation — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	KATHE, JOHN	1.2 NAME	
STREET ADDRESS	5901 S W 74TH ST STE 412	1.3 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 00000	1.4 CITY ST ZIP	
TITLE	DT	2.1 TITLE	☐ Change ☐ Addition
NAME	RISECH, HERIBERTO	2.2 NAME	
STREET ADDRESS	5901 S W 74TH ST STE 412	2.3 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 00000	2.4 CITY ST ZIP	
TITLE	DV	3.1 TITLE	☐ Change ☐ Addition
NAME	SILBERMAN, MICHAEL	3.2 NAME	
STREET ADDRESS	5901 SW 74TH ST, STE 412	3.3 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 00000	3.4 CITY ST ZIP	
TITLE	DS	4.1 TITLE	☐ Change ☐ Addition
NAME	ZAND, LLOYD	4.2 NAME	
STREET ADDRESS	5901 SW 74TH ST, STE 412	4.3 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 00000	4.4 CITY ST ZIP	
TITLE	DV	5.1 TITLE	DV ☐ Change ☒ Addition
NAME	Lenter, Leslie	5.2 NAME	Lenter, Leslie
STREET ADDRESS	5901 SW 74 St, Ste 412	5.3 STREET ADDRESS	5901 SW 74 St, 412
CITY ST ZIP	Miami, Fl 33143	5.4 CITY ST ZIP	Miami, Fl 33143
TITLE		6.1 TITLE	☐ Change ☐ 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(3)(o), 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: 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Digital Check #

0102023 CP