

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 17 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morhami Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # F48131 (9)
 1. Corporation Name
SCHER & ALVAREZ, INC.



| | |
|---|---|
| Principal Place of Business 5030 SW 151 PL MIAMI FL 33185 | Mailing Address 5030 SW 151 PL MIAMI FL 33185 |
|---|---|

DO NOT WRITE IN THIS SPACE

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

| | |
|--|--|
| 3. Date Incorporated or Qualified 09/11/1981 | |
| 4. FEI Number 59-2130520 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

SCHER, MARIA M
5030 SW 151 PL
MIAMI FL 33185

| |
|--|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|--------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | SCHER, RICHARD I | |
| STREET ADDRESS | 5030 S.W. 151 PL | |
| CITY - ST - ZIP | MIAMI, FL 0 | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | SCHER, MARIA M | |
| STREET ADDRESS | 5030 SW 151 PL | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | SCHER, DANIAL | |
| STREET ADDRESS | 79 ARDEN ST | |
| CITY - ST - ZIP | NEW YORK NY | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | HUSKA, AMY | |
| STREET ADDRESS | 2790 BIRCHWOOD LN | |
| CITY - ST - ZIP | DEERFIELD IL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I hereby certify that the information supplied with this filing 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: *Richard J. Scher* x **2/12/98** x **305 220 3777**

CR2E034 (10/97)