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 JUN 21 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05381 (9)

1. Corporation Name

CAREY, KRAMER, SILVESTER, REX, SIMIGRAN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
6303 NW 11TH ST. SUITE 410 MIAMI FL 33126	6303 NW 11TH ST. SUITE 410 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1985
3a. Date of Last Report: 05/27/1994

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

4. FEI Number: 59-2525393 ☐ 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

SILVESTER, LARRY E.
6303 NW 11 STREET
SUITE 410
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	SILVESTER, LARRY E.	12 NAME	500001520375
STREET ADDRESS	6303 NW 11TH ST.,STE.410	13 STREET ADDRESS	-06/22/95--01037--004
CITY ST ZIP	MIAMI FL 33126	14 CITY ST ZIP	****233.75 ****233.75
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	REX, ALBERT G.	22 NAME	
STREET ADDRESS	13790 NW 4TH ST., STE 109	23 STREET ADDRESS	
CITY ST ZIP	SUNRISE FL 33325	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	KRAMER, JOHN R.	32 NAME	
STREET ADDRESS	LAW & FIN. BLDG STE 1100 429 FOURTH AVE	33 STREET ADDRESS	
CITY ST ZIP	PITTSBURGH PA	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	CAREY, ROBERT	42 NAME	
STREET ADDRESS	600 VINIAL ST., SUITE 401-B	43 STREET ADDRESS	
CITY ST ZIP	PITTSBURGH PA 15215	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SIMIGRAN, KENNETH H.	52 NAME	
STREET ADDRESS	13790 NW 4TH ST., STE. 109	53 STREET ADDRESS	
CITY ST ZIP	SUNRISE FL 33325	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

AP 6/21

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, added or deleted with an address.

SIGNATURE: Larry E. Silvester

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01B3701 CP