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 MAR -9 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000019439 (7)

1. Corporation Name
~~ZALKIN & WEINER, P.A.~~ ZALKIN & LEDER, P.A.

Principal Place of Business	Mailing Address
2665 S. BAYSHORE DR. SUITE 1200 COCONUT GROVE FL 33133 US	2665 S. BAYSHORE DR. SUITE 1200 COCONUT GROVE FL 33133 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1993
3a. Date of Last Report: 03/25/1994

2. Principal Place of Business
21 201 S. BISCAYNE BLVD
22 Suite, Apt. #, etc. 1800
23 City & State MIAMI FL
24 Zip 33131 25 Country DADE

2a. Mailing Address
26 201 S. BISCAYNE BLVD
27 Suite, Apt. #, etc. 1800
28 City & State MIAMI FL
29 Zip 33131 30 Country DADE

4. FEI Number 65-0397717 ☐ 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

SCHINDLER, ROGER E
~~1942 S. MIAMI AVE.~~
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name SCHINDLER, ROGER E
82 Street Address (P.O. Box Number is Not Acceptable) 2650 BISCAYNE BLVD.
83
84 City MIAMI FL FL 85 Zip Code 33137

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	PS	11 TITLE	☐ Change ☐ Addition
NAME	ZALKIN, MONROE E	12 NAME	
STREET ADDRESS	2665 S. BAYSHORE DR.	13 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	14 CITY-ST-ZIP	
TITLE	VT	21 TITLE VT	☒ Change ☐ Addition
NAME	WEINER, HARVEY E	22 NAME LEDER, DEBRA M	
STREET ADDRESS	2665 S. BAYSHORE DR.	23 STREET ADDRESS 201 S. BISCAYNE BLVD #1800	
CITY-ST-ZIP	COCONUT GROVE FL	24 CITY-ST-ZIP MIAMI, FL 33131	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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: Debra M. Leder 2-28-95 (305) 374-7744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Debra M. Leder

0134150 CP