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PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P9400074078 (4) 1. Corporation Name WALLACE, BAUMAN, FODIMAN & SHANNON, P.A.								
incipal Place	e of Business	Mailing Address			1 16811001 (10 161)		II Filif U	
2222 PONCE DE LEON BLVD SUITE 600 CORAL GABLES FL 33134 US		2222 PONCE DE LEC SUITE 600 CORAL GABLES FL	2222 PONCE DE LEON BLVD		Date Incorporated or Qualified	3a. Date	of Last	Report
					10/05/1994	04	1/26/19	95
Principal Pl	lace of Business	2a. Mailing Address 26			4. FEI Number 65-0520887			Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Certificate of Status Desired		\$8.7	5 Additional
		27			J. Certificate of Status Desireo	[]	Fee	Required
Orty & State	e	City & State			Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Ζιρ	Country	Zip	Cour	ntry	8. This corporation has liability for	intangible ta		
	25	29	30		Florida Statutes	s 🗌 No		
	9. Name and Address of Currer	nt Registered Agent		81 Name	10. Name and Address of New I	Registered /	Agent	
RAUMAI	N, BRYAN W				(DO D. N			
	ONCE DE LEON BLVD			82 Street Addi	ress (P.O. Box Number is Not Acceptal	Die)		
SUITE 6			Ī	83				
CORAL	GABLES FL 33134		}	84 City		FL	85 2	Zip Code
or register familiar wi	to the provisions of Sections 607,0502 red agent, or both, in the State of Flori ith, and accept the obligations of, Sect	da. Such change was author	rized by the c	/e-named corpor orporation's boa	vation submits this statement for the pured of directors. I hereby accept the app	rpose of cha	nging its registere	registered offici ed agent. I am
 or register 	red agent, or both, in the State of Flori	da. Such change was authotion 607.0505, Florida Statut t and little if applicable	rized by the cles.	/e-named corpor orporation's boa	of directors. I hereby accept the app	rpose of cha pointment as	registere	od agent. I am
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AME OF SIGNING OFFICER OR DIRECTOR V.P. 4/15/96 (305)414-999)