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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:39

DOCUMENT # S09395 (2)

1. Corporation Name
CESARANO AND KAIN, P.A.

Principal Place of Business	Mailing Address
1020 BAYFRONT PLAZA 100 S BISCAYNE BLVD MIAMI FL 33131-2028 US	1020 BAYFRONT PLAZA 100 S BISCAYNE BLVD MIAMI FL 33131-2028 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/29/1990
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business	2a. Mailing Address
21 200 So. Biscayne Blvd.	26 200 So. Biscayne Blvd
Suite, Apt. #, etc. 22 Suite 4600	Suite, Apt. #, etc. 27 Suite 4600
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip: 24 33131-2310 Country: 25 U.S.A	Zip: 29 33131-2310 Country: 30 U.S.A.

4. FEI Number: 06-5226843 ☐ 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	10. Name and Address of New Registered Agent
KAIN, ROBERT C. ONE BAYFRONT PLAZA 100 SOUTH BISCAYNE BLVD., SUITE 1020 MIAMI FL 33131-9028	81 Name: Robert C. Kain, Jr. 82 Street Address (P.O. Box Number is Not Acceptable): 200 So. Biscayne Blvd, Suite 4600 83: 33131-2310 84 City: Miami FL 85 Zip Code: [illegible]

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: [signature] Robert C. Kain Jr. 3-21-95
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	CESARANO, MICHAEL C.	1.2 NAME	
STREET ADDRESS	815 E. DILIDO DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	KAIN, ROBERT C., JR.	2.2 NAME	
STREET ADDRESS	4050 N. 34TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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)(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: [signature] 3-21-95 305-530-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0126600 CP