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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S71956** **(4)**

1. Corporation Name

ADLER MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
% ADLER GROUP 8181 N.W. 14 ST.. 3RD FLOOR MIAMI FL 33126-1899	% ADLER GROUP 8181 N.W. 14 ST.. 3RD FLOOR MIAMI FL 33126-1899

3. Date Incorporated or Qualified: 07/31/1991
3a. Date of Last Report: 03/23/1995

2. Principal Place of Business	2a. Mailing Address
21 1400 N.W. 107 Ave.	26 1400 N.W. 107 Ave.
Suite, Apt. #, etc. 22 5th Floor	Suite, Apt. #, etc. 27 5th Floor
City & State 23 Miami, Fl.	City & State 28 Miami, Fl.
Zip / Country 24 33172 / 25	Zip / Country 29 33172 / 30

4. FEI Number: 65-0286530 ☐ 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

LEVY, JOEL
8181 N.W. 14TH ST.
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable): 1400 N.W. 107 Ave. 5th Floor
83
84 City: Miami FL 85 Zip Code: 33172

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 required when registered agent is a corporation) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADLER, MICHAEL M. 8181 N.W. 14 ST., 3RD FL MIAMI FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D 1400 N.W. 107 AVE. 5th floor MIAMI, FL. 33172 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SEIGEL, STEVEN T 8181 NW 14 ST MIAMI FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	1400 N.W. 107 AVE. 5th floor MIAMI, FL. 33172 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST LEVY, JOEL 8181 NW 14 ST MIAMI FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DST 1400 N.W. 107 AVE. 5th floor MIAMI, FL. 33172 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASSD HERBERT, ADLER 8181 NW 14TH ST MIAMI FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DP 1400 N.W. 107 AVE. 5th floor MIAMI, FL. 33172 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	000001809140 -05/06/96--01099--006 ***200.00 ☐ Change ☐ Addition

CR2E034 (12/95)

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: _____ 4/30/96 (305) 392-4010

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