

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

95 APR 18 PM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S74699** (7)

1. Corporation Name

MUKAMAL, APPEL, FROMBERG & MARGOLIES, P.A.

Principal Place of Business

**2 SOUTH BISCAYNE BLVD.
SUITE #3880
MIAMI FL 33131
US**

Mailing Address

**2 SOUTH BISCAYNE BLVD.
SUITE #3880
MIAMI FL 33131
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/21/1991

3a. Date of Last Report

01/27/1994

4. FEI Number

65-0285163

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 or intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**APPEL, DAVID S.
ONE SOUTH BISCAYNE BLVD., SUITE 3880
SUITE 2670
MIAMI FL 33131**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PTD	MUKAMAL, BARRY E.	2 SOUTH BISCAYNE BLVD.	MIAMI FL
VSD	APPEL, DAVID S.	2 SOUTH BISCAYNE BLVD.	MIAMI FL
VD	FROMBERG, MARK S	2 SOUTH BISCAYNE BLVD.	MIAMI FL

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				☒	☐
				☒	☐
				☒	☐
				☐	☒
				☐	☐
				☐	☐
				☐	☐

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 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number