FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000028273 (8)**

1. Corporation Name

GEIGER, KASDIN, HELLER, KUPERSTEIN, CHAMES & WEI L, P.A.

Principal Place of Business	Mailing Address
1428 BRICKELL AVENUE SUITE 600 MIAMI FL 33131 US	1428 BRICKELL AVENUE SUITE 600 MIAMI FL 33131 US

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified: **04/13/1994**

3a. Date of Last Report: **03/06/1995**

4. FEI Number: **65-0488358** ☐ 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

GEIGER, ROBERT S
1428 BRICKELL AVENUE
SUITE 600
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	GEIGER, ROBERT S		12 NAME	
STREET ADDRESS	1428 BRICKELL AVENUE, STE., 600		13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP	
TITLE	V	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	HELLER, JONAHAN		22 NAME	
STREET ADDRESS	1428 BRICKELL AVENUE, STE 600		23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP	
TITLE	S	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	KUPERSTEIN, STANLEY H		32 NAME	
STREET ADDRESS	1428 BRICKELL AVENUE, STE. 600		33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		34 CITY-ST-ZIP	
TITLE	V	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	Neisen O. Kasdin, Esq.		42 NAME	
STREET ADDRESS	1428 Brickell Avenue, Suite 600		43 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131		44 CITY-ST-ZIP	
TITLE	V	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	Deborah S. Chames, Esq.		52 NAME	
STREET ADDRESS	1428 Brickell Avenue, Suite 600		53 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131		54 CITY-ST-ZIP	
TITLE	V	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	Bruce A. Weil, Esq.		62 NAME	
STREET ADDRESS	1428 Brickell Avenue, Suite 600		63 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131		64 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 attached sheet, with address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE _____ DAYTIME PHONE # _____

CR2E034 (12/95)