

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

FILED
Secretary of State
1996-05-01

DOCUMENT # P95000000256 (4)

1. Corporation Name

CHUDNOVSKY & MARX, P.A.

Principal Place of Business

300 BISCAYNE BOULEVARD WAY
DUPONT PLAZA CENTER SUITE 701
MIAMI FL 33131

Mailing Address

300 BISCAYNE BOULEVARD WAY
DUPONT PLAZA CENTER SUITE 701
MIAMI FL 33131



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/01/1995		3a. Date of Last Report	
21		26		4. FEI Number X 65-055 9855		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
23		28					
24	Zip	25	Country	29	Zip	30	Country

9. Name and Address of Current Registered Agent

MARX, JAMES
150 S.E. SECOND AVENUE
SUITE 500
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name MARIA MARX
82 Street Address (P.O. Box Number is Not Acceptable)
2451 BRICKELL AVE.
83 Apt. 20-U
84 City Miami FL 85 Zip Code 33129

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for 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

MARIA MARX

4/23/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D, P, T	1.1 TITLE	
NAME	DR. ARIEL CHUDNOVSKY	1.2 NAME	
STREET ADDRESS	50 N. Hibiscus Drive	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, FL 33139	1.4 CITY-ST-ZIP	
TITLE	D, V, P, S	2.1 TITLE	
NAME	DR. MARIA MARX	2.2 NAME	
STREET ADDRESS	2451 Brickell Ave, 20-U	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33129	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	500001807725
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-05/06/96--01004--016
TITLE		6.1 TITLE	***200.00
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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MARIA MARX, V.P.

4/23/96 305/371-6064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)