FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

NAME

STREET ADDRESS

SIGNATURE: :

CITY-ST-ZIP

Feb 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L36875 (7)ROBERT D. HERTZBERG, P.A. Principal Place of Business Mailing Address NATIONSBANK AT INTERNATIONAL PLACE NATIONSBANK AT INTERNATIONAL PLACE 100 SE 2 STREET SUITE 3550 100 SE 2 STREET SUITE 3550 DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33131 3. Date Incorporated or Qualified 12/14/1989 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0159310 Not Applicable Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Žip Country Zφ Country 8. This corporation owes or has paid the current year intangible X Yes 24 Personal Property Tax due June 30. 25 29 30 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name HERTZBERG, ROBERT D. 100 SE 2 STREET 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 3550** 83 MIAMI FL 33131 City 84 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 (NOTE Registered Agent signature required when reinstating) Signature, typod or printed hame of registered ages t and title if apple and 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ___ Addition 1.1 TITLE TITLE HERTZBERG, ROBERT D. 1.2 NAME NAME 100 SE 2 ST SUITE 3550 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33131** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change ■ Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2. 4 City-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 41 TITLE Change ☐ Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY - ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE

6.2 NAME

14. Thereby certify that the information supplied with this filing 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 conforation or the receives or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13

6.3 STREET ADDRESS 6.4 City-St-ZiP **FILED**