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CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000000215 (8) DOCUMENT #

ALVIN D. LODISH, P.A.

Principal Place of Business Mailing Address 2900 FIRST UNION FINANCIAL CENTER 2500 FIRST UNION FINANCIAL CENTER MAMI FL 33131-2336 MIAMI FL 33131-2336

FILED Mar 18 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1997 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 Not Applicable 65-07/5879 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Zin Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes □ Ño 24 25 20 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Lodish. Alvin D 200 SO BISCAYNE BLVD. STE 2500 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131-2336 83 84 City 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 registerest agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Addition 1.1 TITLE ☐ Change TITLE LODISH, ALVIN D NAME 1.2 NAME 2500 FIRST UNION FINANCIAL CENTER STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33131-2336 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TOTLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

1. I hereby certify that the information supplied with this fiting 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 suppliemental 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:

BRINTIPS OR PRINTED NAME OF STORING DESIGNED DE