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

CORPORATION
ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
Division of Corporations

FILED
95 APR 24 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **344526** **(9)**

1. Corporate Name

**KRAMER SECURITIES CORPORATION**

Principal Place of Business

7120 SW 95 ST
P O DRAWER 431456
MIAMI FL 33243

Mailing Address

7120 SW 95 ST
P O DRAWER 431456
MIAMI FL 33243

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1969
3a. Date of Last Report: 05/24/1994

2. Principal Place of Business
21
Suite Apt. # etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite Apt. # etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-1279007 — 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**

**SPATZER, SAMUEL M**
**4601 PONCE DE LEON BLVD**
**CORAL GABLES FL 33146**

**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 Section 607.0505 and 607.0506, 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. The 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

**12. OFFICERS AND DIRECTORS**

| | |
|---|---|
| TITLE | PD |
| NAME | KRAMER, ALBERT |
| STREET ADDRESS | 7120 SW 95TH ST |
| CITY, ST, ZIP | MIAMI, FL 00000 |
| TITLE | DS |
| NAME | KRAMER, SANDRA |
| STREET ADDRESS | 7120 S W 95TH ST |
| CITY, ST, ZIP | MIAMI, FL 00000 |

**13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

14. [illegible] I hereby certify that the information contained herein, including any supplemental information, is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am a director or officer of the corporation or a receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that I am aware of the penalties provided for filing false or fraudulent information with an officer.

**SIGNATURE:** Albert Pres. 4/24/95 (305) 667-5922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0431427 FP