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

CORPORATION
ANNUAL REPORT
**1995**

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

APPROVED AND FILED

95 MAY -1 PM 5:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **369697** **(8)**

1. Corporate Name

**WEISER & LEFTON, INC.**

Principal Place of Business
**3250 MARY ST.**
**MIAMI FL 33133-5232**

Mailing Address
**3250 MARY ST.**
**MIAMI FL 33133-5232**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **09/14/1970**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

24 25 29 30

4. FEI Number: **59-1304240** — 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. The corporation has liability for changes as under S. 149.007, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**LEFTON, DONALD E.**
**3250 MARY ST., STE 500**
**COCONUT GROVE FL 33133**

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|---|---|
| TITLE | DC | TITLE | ☐ Change ☐ Addition |
| NAME | WEISER, SHERWOOD M. | NAME | |
| STREET ADDRESS | 3250 MARY STREET, S-500 | STREET ADDRESS | |
| CITY ST ZIP | MIAMI FL 33133 | CITY ST ZIP | |
| TITLE | DPAS | TITLE | ☐ Change ☐ Addition |
| NAME | LEFTON, DONALD E. | NAME | |
| STREET ADDRESS | 3250 MARY STREET, S-500 | STREET ADDRESS | |
| CITY ST ZIP | MIAMI FL | CITY ST ZIP | |
| TITLE | VAS | TITLE | ☐ Change ☐ Addition |
| NAME | SIBLEY, PETER L. | NAME | |
| STREET ADDRESS | 3250 MARY STREET, S-500 | STREET ADDRESS | |
| CITY ST ZIP | MIAMI FL 33133 | CITY ST ZIP | |
| TITLE | STV | TITLE | ☐ Change ☐ Addition |
| NAME | TEMLING, W. PETER | NAME | |
| STREET ADDRESS | 3250 MARY STREET, S-500 | STREET ADDRESS | |
| CITY ST ZIP | MIAMI FL 33133 | CITY ST ZIP | |
| TITLE | VAS | TITLE | ☐ Change ☐ Addition |
| NAME | HEWITT, THOMAS F. | NAME | |
| STREET ADDRESS | 3250 MARY STREET, S-500 | STREET ADDRESS | |
| CITY ST ZIP | MIAMI FL 33133 | CITY ST ZIP | |
| TITLE | | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY ST ZIP | | CITY ST ZIP | |

14. I hereby certify that the information supplied with this filing is accurately transcribed 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 added, or deleted) with an address.

**SIGNATURE:** W. Peter Temling 4-27-95 (305) 445-2493

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0135107 CP