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

DOCUMENT # **509255** **(6)**

1. Corporation Name

HOLTZMAN, KRINZMAN, EQUELS, SIGARS & FURIA, P.A.

FILED
95 JAN 23 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
2601 S. BAYSHORE DR. SUITE 600 MIAMI FL 33133 US	2601 S. BAYSHORE DR. SUITE 600 MIAMI FL 33133 US

3. Date Incorporated or Qualified: 07/07/1976
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-1683022 ☐ 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

HOLTZMAN, SYLVAN
2601 S. BAYSHORE DR.
SUITE 600
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name: HKES & F Registered Agent Corp.
82 Street Address (P.O. Box Number is Not Acceptable): 2601 South Bayshore Drive
83: Suite 600
84 City: Miami FL 85 Zip Code: 33133

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: Arthur J. Furia, Vice President — DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HOLTZMAN, SYLVAN	12 NAME	
STREET ADDRESS	2601 S. BAYSHORE DR. #600	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	KRINZMAN, RICHARD N.	22 NAME	
STREET ADDRESS	2601 S. BAYSHORE DR. #600	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	EQUELS, THOMAS K.	32 NAME	
STREET ADDRESS	2601 S. BAYSHORE DR. #600	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	SIGARS, L. J	42 NAME	
STREET ADDRESS	2601 S. BAYSHORE DR., STE 600	43 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	FURIA, ART J	52 NAME	
STREET ADDRESS	2601 S BAYSHORE DR., STE 600	53 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 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: Arthur J. Furia, Vice President — 1-11-95 — (305) 859-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0134408 CP