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
[illegible] 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 546854 (1)

1. Corporation Name
KENNETH M. BLOOM, P.A.

Principal Place of Business:
C/O KENNETH M BLOOM
444 BRICKELL AVE. #650, RIVERGATE PLAZA
MIAMI FL 33131

Mailing Address:
C/O KENNETH M BLOOM
444 BRICKELL AVE. #650, RIVERGATE PLAZA
MIAMI FL 33131

2. Principal Place of Business	2a. Mailing Address
21 801 Brickell Ave.	26 801 Brickell Ave.
Suite, Apt #, etc. 22 Suite 1401	Suite, Apt #, etc. 27 Suite 1401
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33131 / Country 25 Dade	Zip 29 33131 / Country 30 Dade

3. Date Incorporated or Qualified: 09/01/1977
3a. Date of Last Report: 08/11/1994
4. FEI Number: 59-1765244 ☐ 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

BLOOM, KENNETH M
650 RIVERGATE PLAZA
444 BRICKELL AVENUE
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable): 801 Brickell Avenue
83 Suite 1401
84 City: Miami FL 85 Zip Code: 33131

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] (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE 4/24/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	PSD — XX Change ☐ Addition
NAME	BLOOM, KENNETH M	12 NAME	Kenneth M. Bloom
STREET ADDRESS	444 BRICKELL AVE	13 STREET ADDRESS	801 Brickell Ave -14th Floor
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	Miami, FL 33131
TITLE	SD	21 TITLE	SD — XX Change ☐ Addition
NAME	BLOOM, KENNETH M	22 NAME	Kenneth M. Bloom
STREET ADDRESS	444 BRICKELL AVE	23 STREET ADDRESS	801 Brickell Ave - 14thFloor
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	Miami, FL 33131
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		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)(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 on an attachment with an address.

SIGNATURE: [signature] President 5/5/95 305-3776700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Kenneth M. Bloom — Date — Daytime Phone #

0132217 CP