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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 570839

1. Corporation Name
KALICHMAN PROPERTIES, INC.

Principal Place of Business	Mailing Address
19801 E COUNTRY CLUB DR APT 303 AVENTURA, FL 33180	19801 E COUNTRY CLUB DR APT. 303 AVENTURA, FL 33180

3. Date Incorporated or Qualified	3a. Date of Last Report
04/18/1978	4/30/96

2. Principal Place of Business	2a. Mailing Address
21 3500 MYSTIC POINTE DR	26 3500 MYSTIC POINTE DR
Suite, Apt. #, etc. 22 3502	Suite, Apt. #, etc. 27 3502
City & State 23 AVENTURA FL	City & State 28 AVENTURA FL
Zip / Country 24 33180 / 25 DADE	Zip / Country 29 33180 / 30 DADE

4. FEI Number: 59-1843866 ☐ 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	10. Name and Address of New Registered Agent
KALICHMAN, SHLOMIT 19801 E COUNTRY CLUB DR APT 303 AVENTURA, FL 33180	81 Name: KALICHMAN, SHLOMIT 82 Street Address (P.O. Box Number is Not Acceptable): 3500 MYSTIC POINTE DR 83: 3502 84 City: AVENTURA FL 85 Zip Code: 33180

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: SHLOMIT KALICHMAN SEC — 4/30/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KALICHMAN, NATHAN 19801 E COUNTRY CLUB DR. APT. 303 AVENTURA, FL 33180 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP KALICHMAN, NATHAN 3500 MYSTIC POINTE DR 3502 AVENTURA FL 33180 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST KALICHMAN, SHLOMIT 19801 E COUNTRY CLUB DR, APT. 303 AVENTURA, FL 33180 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DST KALICHMAN, SHLOMIT 3500 MYSTIC POINTE DR 3502 AVENTURA FL 33180 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	500002178685 -05/14/97--01098--038 ***165.00 ☐ Change ☐ Addition

CR2E034 (9/96)

14. I (We) hereby certify that the information supplied with this filing 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: SHLOMIT KALICHMAN, SEC. — 4/30/97 — (305) 933-4502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #