FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **600182** **(0)**

1. Corporation Name

FALICK & ASSOCIATES, P.A.

Principal Place of Business

~~C/O GERLAD R. FALICK~~
~~9100 S. DADELAND BLVD. SUITE 325~~
~~MIAMI FL 33156~~

Mailing Address

~~C/O GERLAD R. FALICK~~
~~9100 S. DADELAND BLVD. SUITE 325~~
~~MIAMI FL 33156~~

3. Date Incorporated or Qualified: 05/22/1963
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 14411 S. Dixie Hwy
Suite, Apt. #, etc.
22 #S-209
City & State
23
Zip 24 33176-7939 Country 25 USA

2a. Mailing Address
26 c/o HMPD
Suite, Apt. #, etc.
27 16100 NE 16 Ave
City & State
28 No. Miami Beach Fl
Zip 29 33162 Country 30 USA

4. FEI Number: 59-1003233 — 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

FALICK GERALD
~~9100 S. DADELAND BLVD.~~
~~SUITE 325~~
~~MIAMI FL 33146~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 14411 S. Dixie Hwy
83 #S-209
84 City Miami FL 85 Zip Code 33176-7939

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 _____ DATE

Signature, typed or printed name of registered agent & title if corporate — NOTE: Registered Agent signature is required for all changes including

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	FALICK,GERALD R	
STREET ADDRESS	~~9100 S. DADELAND BLDV.~~	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	☐ DELETE
NAME	FALICK, RONA	
STREET ADDRESS	~~9100 S. DADELAND BLDV.~~	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	14411 S. Dixie Hwy #S-209	
1.4 CITY-ST-ZIP	33176-7939	
2.1 TITLE		☑ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	same as above	
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: X Gerald R. Falick — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald R. Falick

Date: X 3/26/96 — Daytime Phone #: 305-934-[illegible]

CR2E034 (12/95)