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CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **600433** **(7)**

1. Corporation Name
DRS. AXLER, MCGAW, BENYUNES AND ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
8700 S.W. 92ND STREET, STE. #100 MIAMI FL 33176	8780 S.W. 92ND STREET, STE. #100 MIAMI FL 33176

FILED

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/28/1968	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1218877	☐ 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	

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

9. Name and Address of Current Registered Agent

MCGAW, MICHAEL W.
8780 S.W. 92ND STREET, STE. #100
MIAMI FL 33176

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	☐ Change ☐ Addition
NAME	BAUMGARD, JONATHAN	12 NAME	
STREET ADDRESS	12810 S.W. 70TH AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	MCGAW, W. MICHAEL	22 NAME	
STREET ADDRESS	11405 SW 82ND AVE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	BENYUNES, ABRAHAM J	32 NAME	
STREET ADDRESS	10200 SW 70 AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	FEIN, LORI A.	42 NAME	
STREET ADDRESS	177 OCEAN LANE DRIVE 102	43 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	44 CITY-ST-ZIP	
TITLE	AVP	51 TITLE	☐ Change ☐ Addition
NAME	HERSHORIN, EUGENE	52 NAME	
STREET ADDRESS	14020 S.W. 74TH AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	54 CITY-ST-ZIP	
TITLE	AVP	61 TITLE	☐ Change ☐ Addition
NAME	SANCHEZ, NINA S.	62 NAME	
STREET ADDRESS	3964 POINCIANNA AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	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: R. Michael McGaw President 1/20/95 (305) 271-4711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01D2020 CP