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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

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

3. Date Incorporated or Qualified

08/28/1968

3a. Date of Last Report

01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME BAUMGARD, JONATHAN  
STREET ADDRESS 12810 S.W. 70TH AVENUE  
CITY-ST-ZIP MIAMI, FL 00000

P ☐ DELETE

NAME MCGAW, W. MICHAEL  
STREET ADDRESS 11405 SW 82ND AVE  
CITY-ST-ZIP MIAMI, FL 00000

VP ☐ DELETE

NAME BENYUNES, ABRAHAM J  
STREET ADDRESS 10200 SW 70 AVENUE  
CITY-ST-ZIP MIAMI, FL 00000

S ☐ DELETE

NAME FEIN, LORI A.  
STREET ADDRESS 177 OCEAN LANE DRIVE 102  
CITY-ST-ZIP KEY, BISCAYNE FL

AVP ☐ DELETE

NAME HERSHORIN, EUGENE  
STREET ADDRESS 14820 S.W. 74TH AVENUE  
CITY-ST-ZIP MIAMI, FL 00000

AVP ☐ DELETE

NAME SANCHEZ, NINA S.  
STREET ADDRESS 3964 POINCIANNA AVENUE  
CITY-ST-ZIP COCONUT GROVE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day Phone #

1/29/96 (305) 271-4711

CR2E034 (12/95)