

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 603019

1. Corporation Name

Hirsch, Strassberg, Kenward, Vizoso & Ramirez, Inc.

Principal Place of Business

7300 S.W. 62 Place
3rd Floor
S. Miami, FL
33143-4813

Mailing Address

7300 S.W. 62 Place
3rd Floor
S. Miami, FL
33143-4813

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1971

4. FEI Number

59-1358526

Applied For

Not Applicable

5. Certificate of Status Desired XXXX

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Hirsch, Nathan B.
7300 S.W. 62 Place
South Miami, FL 33143

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Strassberg, Richard M.	
STREET ADDRESS	7300 S.W. 62 Place	
CITY-ST-ZIP	S. Miami, FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	Hirsch, Nathan B.	
STREET ADDRESS	7300 S.W. 62 Place	
CITY-ST-ZIP	S. Miami, FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	Kenward, Debra G.	
STREET ADDRESS	7300 S.W. 62 Place	
CITY-ST-ZIP	S. Miami, FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Vizoso, Javier M.	
STREET ADDRESS	7300 S.W. 62 Place	
CITY-ST-ZIP	S. Miami, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Sara Ramirez
5.3 STREET ADDRESS	7300 S.W. 62 Place
5.4 CITY-ST-ZIP	S. Miami, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

Sec.

7/7/99

FILED

99 JUL -9 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CD02021 7/1/021