

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 640046 (9)
1. Corporation Name
STUZIN AND CAMNER, PROFESSIONAL ASSOCIATION



Principal Place of Business
1221 BRICKELL AVENUE
SUITE 700
MIAMI, FL 33134

Mailing Address
1221 BRICKELL AVENUE
SUITE 700
MIAMI, FL 33134

3. Date Incorporated or Qualified 07/30/1979
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 550 Biltmore Way

2a. Mailing Address
26 550 Biltmore Way

4. FEI Number 59-1928550
Applied For Not Applicable

Suite, Apt. #, etc.
22 Suite 700

Suite, Apt. #, etc.
27 Suite 700

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
23 Coral Gables, Florida

City & State
28 Coral Gables, Florida

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country
24 33134 25 Dade

Zip Country
29 33134 30 Dade

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

CAMNER, ALFRED R.
1221 BRICKELL AVENUE
SUITE 700
MIAMI, FL 33134

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
550 Biltmore Way
83 Suite 700
84 City Coral Gables FL 85 Zip Code 33134

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ST
NAME FORD, EARLINE G.
STREET ADDRESS 1221 BRICKELL AVE #2500
CITY-ST-ZIP MIAMI, FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 550 Biltmore Way, Suite 700
1.4 CITY-ST-ZIP Coral Gables, Florida 33134

TITLE V
NAME BILZIN, MARSHA D.
STREET ADDRESS 1221 BRICKELL AVE #2500
CITY-ST-ZIP MIAMI, FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 550 Biltmore Way, Suite 700
2.4 CITY-ST-ZIP Coral Gables, Florida 33134

TITLE D
NAME STUZIN, CHARLES B.
STREET ADDRESS 1221 BRICKELL AVE #1800
CITY-ST-ZIP MIAMI, FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 550 Biltmore Way, Suite 700
3.4 CITY-ST-ZIP Coral Gables, Florida 33134

TITLE PD
NAME CAMNER, ALFRED R.
STREET ADDRESS 1221 BRICKELL AVE #2500
CITY-ST-ZIP MIAMI, FL

4.1 TITLE D,C
4.2 NAME Camner, Alfred R.
4.3 STREET ADDRESS 550 Biltmore Way, Suite 700
4.4 CITY-ST-ZIP Coral Gables, Florida 33134

TITLE V
NAME NEDBOR, NIKKI J.
STREET ADDRESS 1221 BRICKELL AVE #2500
CITY-ST-ZIP MIAMI, FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS 550 Biltmore Way, Suite 700
5.4 CITY-ST-ZIP Coral Gables, Florida 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE P
6.2 NAME Lipsitz, Marc
6.3 STREET ADDRESS 550 Biltmore Way, Suite 700
6.4 CITY-ST-ZIP Coral Gables, FL 33134

14. I do 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

(205) 442-1004

CR2E034 (9/96)