

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 # 668424 (5)

1. Corporation Name

AMBER E. GOLDSTEIN, P.A.



Principal Place of Business

3421 POINCIANA AVENUE
MIAMI FL 33133

Mailing Address

3421 POINCIANA AVENUE
MIAMI FL 33133

3. Date Incorporated or Qualified 04/22/1980	3a. Date of Last Report 04/14/1995
4. FEI Number 59-2005327	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. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

GOLDSTEIN, BRIAN
3421 POINCIANA AVE
MIAMI FL 33133

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 607.0902 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 607.0905, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
2. NAME	☐ DELETE	2.1 NAME	
3. NAME	☐ DELETE	3.1 STREET ADDRESS	
4. NAME	☐ DELETE	4.1 CITY, ST, ZIP	
5. NAME	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
6. NAME	☐ DELETE	6.1 NAME	
7. NAME	☐ DELETE	7.1 STREET ADDRESS	
8. NAME	☐ DELETE	8.1 CITY, ST, ZIP	
9. NAME	☐ DELETE	9.1 TITLE	☐ Change ☐ Addition
10. NAME	☐ DELETE	10.1 NAME	
11. NAME	☐ DELETE	11.1 STREET ADDRESS	
12. NAME	☐ DELETE	12.1 CITY, ST, ZIP	
13. NAME	☐ DELETE	13.1 TITLE	☐ Change ☐ Addition
14. NAME	☐ DELETE	14.1 NAME	
15. NAME	☐ DELETE	15.1 STREET ADDRESS	
16. NAME	☐ DELETE	16.1 CITY, ST, ZIP	
17. NAME	☐ DELETE	17.1 TITLE	☐ Change ☐ Addition
18. NAME	☐ DELETE	18.1 NAME	
19. NAME	☐ DELETE	19.1 STREET ADDRESS	
20. NAME	☐ DELETE	20.1 CITY, ST, ZIP	

14. I do hereby certify that the information supplied in 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

4/18/96

445-0930
(305)

CR2E034 (12/95)