FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11:26

DOCUMENT # 683235 (6)

1. Corporation Name
JORDAN BITTEL, P.A.

Principal Place of Business	Mailing Address
11501 SW 72 CT MIAMI FL 33156 US	11501 SW 72 CT MIAMI FL 33156 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1980
3a. Date of Last Report: 06/17/1994
4. FEI Number: 59-2021199 ☐ 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: 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address: 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BITTER JORDAN
11501 SW 72ND ~~AVE.~~ COURT
~~1600 MIAMI CENTER~~
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: BITTEL, JORDAN
82 Street Address (P.O. Box Number is Not Acceptable): 11501 S.W. 72 COURT
83
84 City: MIAMI FL 85 Zip Code: 33156

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] 1-10-95

12. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	BITTEL, JORDAN
STREET ADDRESS	11501 SW 72ND CT
CITY ST ZIP	MIAMI FL
TITLE	VPAS
NAME	BITTEL, JUDITH
STREET ADDRESS	11501 SW 72 CT
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition for each block; no entries)

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] 1-10-95 305-238-9940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0169163 CP