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

APPROVED AND FILED

95 JUN 21 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **856146** **(6)**

1. Corporation Name

CAREY, KRAMER, SILVESTER & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
6303 N.W. 11TH ST. #410 MIAMI FL 33126 US	6303 N.W. 11TH ST. STE. 410 MIAMI FL 33126 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/14/1983**

3a. Date of Last Report: **06/06/1994**

2. Principal Place of Business 21:

2a. Mailing Address 26:

Suite, Apt. #, etc 22:

Suite, Apt. #, etc 27:

City & State 23:

City & State 28:

Zip 24: Country 25:

Zip 29: Country 30:

4. FEI Number: **25-1434141** ☐ 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

9. Name and Address of Current Registered Agent

SILVESTER, LARRY E
6303 NW 11TH ST.
STE. 410
MIAMI FL 33126

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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	SILVESTER, LARRY	12 NAME	200001520372
STREET ADDRESS	6303 NW 11TH ST., STE. 410	13 STREET ADDRESS	-06/22/95--01037--002
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	****233.75 ****233.75
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	KRAMER, JOHN R.	22 NAME	
STREET ADDRESS	LAW & FIN. BLDG, STE 1100, 429 FOURTH AVE	23 STREET ADDRESS	
CITY ST ZIP	PITTSBURGH PA	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	CAREY, ROBERT S.	32 NAME	
STREET ADDRESS	800 VINIAL ST., STE. 401-B	33 STREET ADDRESS	
CITY ST ZIP	PITTSBURGH PA	34 CITY ST ZIP	
TITLE	VSD	41 TITLE	☐ Change ☐ Addition
NAME	REX, ALBERT	42 NAME	
STREET ADDRESS	13790 NW 4TH ST., STE. 109	43 STREET ADDRESS	
CITY ST ZIP	SUNRISE FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SIMIGRAN, KENNETH H.	52 NAME	
STREET ADDRESS	13790 NW 4TH ST., STE. 109	53 STREET ADDRESS	
CITY ST ZIP	SUNRISE FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

6/21

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)(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, added or deleted.

SIGNATURE: Larry E. Silvester

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0123784 CP