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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F06658**

(1)

WOLPER ROSS & COMPANY OF MIAMI, INC.

Principal Place of Business Mailing Address 400 PARK AVENUE 400 PARK AVENUE NEW YORK NY 10022-4406 NEW YORK NY 10022 Date Incorporated or Qualified 11/24/1980 3a. Date of Last Report 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2046963 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 区 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country $Z_{\mathbb{P}}$ 8. This corporation has liability for intangible tax under s. 199.032, Yes X No 24 29 30 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CT CORPORATION SYSTEM Name 1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 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 tine if applicable (NOTE, Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6)PD ■ DELETE ☐ Change 1.1 TITLE TITLE ROSS, MARK 1.2 NAME NAME 400 PARK AVENUE, 18TH FLOOR 1.3 STREET ADDRESS STREET ADORESS **NEW YORK NY 10022** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE BAKER, BRADLEY C 2.2 NAME NAME 400 PARK AVENUE, 18TH FLOOR STREET ADDRESS 2.3 STREET ADDRESS **NEW YORK NY 10022** CITY - ST - ZIP 2.4 City-St-ZiE DELETE ☐ Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CiTY - ST - ZiP CHY-ST-ZIP Change Addition ___ DELETE TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP ☐ Change DELETÉ Addition 5.1 TITLE Title 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME

SIGNATURE:

appears in Block 12 or 8

STREET ADDRESS

CITY-ST-7-P

SIGNATURE AND TYPED OR PRINTS O NAME OF SIGNING OFFICER OR DEFCTOR

if changed, or on an attachment with an address

BRADLEY C. BAKE?

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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

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

1-17-97

Date

212-355-5566

FILED

Jan 30 1997 8:00am

Secretary of State

Daytime Phone # 0004437