

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 # F10607 (2)

1. Corporation Name

MALCA AND PRAGER, P.A.



Principal Place of Business

866 SOUTH DIXIE HWYWAY  
CORAL GABLES FL 33146  
US

Mailing Address

866 SOUTH DIXIE HWYWAY  
CORAL GABLES FL 33146

3. Date Incorporated or Qualified  
11/19/1980

3a. Date of Last Report  
07/24/1995

2. Principal Place of Business

2a. Mailing Address

21 5975 SUNSET DR.

26 5975 SUNSET DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 801

27 SUITE 801

City & State

City & State

23 SO MIAMI FL

28 SO MIAMI FL

Zip

Country

Zip

Country

24 33143

25

29 33143

30

4. FEI Number  
59-2054917

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

10. Name and Address of New Registered Agent

MALCA, RAMON  
866 SOUTH DIXIE HWY  
CORAL GABLES FL 33146

81 Name RAMON MALCA  
82 Street Address (P.O. Box Number is Not Acceptable)  
5975 SUNSET DR.  
83 SUITE 801  
84 City SO MIAMI FL 85 Zip Code 33143

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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

RAMON MALCA

DATE

4/23/96

12. OFFICERS AND DIRECTORS

TITLE STD ☐ DELETE

NAME MALCA, RAMON  
STREET ADDRESS 866 S DIXIE HWY  
CITY-ST-ZIP CORAL GABLES FL

TITLE DP ☐ DELETE

NAME PRAGER, STANLEY B  
STREET ADDRESS 866 S DIXIE HWY  
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME MALCA, RAMON  
13 STREET ADDRESS 5975 SUNSET DR. STE 801  
14 CITY-ST-ZIP SO MIAMI FL 33143

2.1 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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 or 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

Date

Daytime Phone #

4/23/96 (305) 662-5500

CR2E034 (12/95)