FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F30873** **(6)**

1. Corporation Name
PERLMAN AND FABER, P.A.

Principal Place of Business
799 BRICKELL PLAZA
SUITE 900
MIAMI FL 33131
US

Mailing Address
799 BRICKELL PLAZA
SUITE 900
MIAMI FL 33131-2805
US

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

3. Date Incorporated or Qualified: **04/16/1981**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **59-2087289** ☐ 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
~~FERMAN AND FABER, PA~~ ~~PERLMAN AND FABER, P.A.~~
~~79 BRICKELL PLAZA~~ ~~799 Brickell Plaza~~
~~SUITE 900~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent
81 Name Carol S. Faber
82 Street Address (P.O. Box Number is Not Acceptable) 799 Brickell Plaza Suite 900
83 Miami, Fl.
84 City Miami FL 85 Zip Code 33131

11. Pursuant to the provisions of Sections 607.0505 and 607.1506, 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: Carol Faber (NOTE: Registered Agent signature required when reinstating) DATE: 3/7/97

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	PERLMAN, GEORGE D	
STREET ADDRESS	799 BRICKELL PLAZA, SUITE 900	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	☐ DELETE
NAME	PERLMAN, GEORGE D	
STREET ADDRESS	799 BRICKELL PLAZA	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	☐ DELETE
NAME	FABER, CAROL S.	
STREET ADDRESS	799 BRICKELL PLAZA, SUITE 900	
CITY-ST-ZIP	MIAMI 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 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 above, or on an attachment with an address.

SIGNATURE: Carol Faber VP 3/7/97 (305) 374-5646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/96)