FILE NOW: FILING FEE AFTER MAY 1 18 \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1995 DIVISION OF CORPORATIONS 95 APR 10 PM 2: 18 (5)DOCUMENT # **F620** Corporation Name GEORGE R. LEVIE, CPA. P.A. Principal Place of Business Mailing Address 7720 SW 173RD STREET 7720 SW 173RD STREET MIAMO FL 33157 MIAM! FL 33157 DO NOT WRITE IN THIS SPACE. 3. Date Incorporated or Qualified 3a. Date of Last Report 02/01/1982 04/13/1994 2. Principal Place of Business Applied For 2a. Mailing Address FEI Number 59-2154862 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees 23 Zip Country Zip Country This corporation has liability for intangible tax under S. 199.032, 29 Florida Statutes ☐ Yes □ No 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LEVIE. GEORGE R 82 Street Address (P.O. Box Number is Not Acceptable) 7720 S.W. 173RD STREET 83 **MIAMI FL 33157** 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, typod or printed name of negislered agent and title if applicable (NOTE: Registured Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Change 1 1 TITLE TITLE LEVIE, GEORGE R 12 NAME NAME STREET ADDRESS 7720 S.W. 173RD ST. 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 14 CITY-SI-ZIP 2.1 TITLE Change Addition TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-7/P 2 4 CITY-ST-ZIP Change Addition TITLE 3.1 TITLE 32 NAME NAME 33 STREET ADDRESS STREET ADDRESS 3.4 CIFY+ST-ZIP CITY - ST - ZIP Addition Change 41 TITLE TITLE 42 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE 5 1 TITLE NAME 52 NAME STILLET ADDRESS 53 STREET ADDRESS

14. I do bereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k). Florida Statutes. I further contriby that the information indicated on this unnual report or supplemental annual report is true and accurate and that my signature shall have the same legal offset as if made under outs; that I am an afficient or five corporation or the receiver or fusion empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or an an afficient or five accurate and dress.

5.4 CITY+ST-ZIP

6.3 STREET ADDRESS 6.4 CITY: ST-ZIP

61 TITLE

62 NAME

SIGNATURE:

CITY-ST ZIP

STREET ADDRESS

TIPLE

NAME

HAVE A Slove OF BIONING OF BIONING OFFICER OF ONLINE CYCLE

14/95 305-233-9686

Chango

____ Addition