SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F62006** **(4)**

1. Corporation Name
LAWRENCE H. BLUM, CPA, P.A.

Principal Place of Business	Mailing Address
C/O LAWRENCE H. BLUM. CPA 1320 S. DIXIE HWY. CORAL GABLES FL 33146	C/O LAWRENCE H. BLUM. CPA 1320 S. DIXIE HWY. CORAL GABLES FL 33146

3. Date Incorporated or Qualified: 02/01/1982
3a. Date of Last Report: 06/07/1995

2. Principal Place of Business	2a. Mailing Address
21 c/o LAWRENCE H. BLUM CPA	26 c/o LAWRENCE H Blum CPA
Suite, Apt. #, etc. 22 1 SE 3rd AVE (10 FLOOR)	Suite, Apt. #, etc. 27 1 SE 3rd AVE (10 FLOOR)
City & State 23 MIAMI, FL	City & State 28 MIAMI FL
Zip 24 33131 Country 25 ~~BASE~~ USA	Zip 29 33131 Country 30 USA

4. FEI Number: 59-2154510 — 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

BLUM, LAWRENCE H. (CPA)
1320 S. DIXIE HWY.
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name: Blum, LAWRENCE H (CPA)
82 Street Address (P.O. Box Number is Not Acceptable): 1 S.E 3rd AVE (10 FLOOR)
83
84 City: MIAMI FL 85 Zip Code: 33131

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] 7/8/96
Signature required for new name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BLUM, LAWRENCE H 1320 S DIXIE HWY CORAL GABLES FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DD Blum, Lawrence H 1 SE 3RD AVE (10 FLOOR) Miami FL 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 7/9/96 305 377 4228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — ~~305 377 4226~~ Daytime Phone #