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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G06821

(4)

2. Principal Place of Business 2a Mailing Address 4. FET Number App	Principal Pia	ce of Business BAYSHORE DRIVE	Mailing Address 2601 SOUTH BAYSH SUITE 1425 MIAMI FL 33133-5413					
Suife. Apt. #, etc. Suife. Status Desired Trust Fund Contribution Added to Trust Fund Contribution To The Trust Fund Contribution Trust Fund Co						.)		t Report β
City & State Ci		Place of Business	26					Applied For Not Applicable
Zep		t #, etc	27			5. Certificate of Status Desired		5 Additional Required
24 25 26 30			28			, , ,		00 May Be ad to Fees
FREEMAN, ROBERT A., P.A. 2801 SOUTH BAYSHORE DRIVE SUITE 1425 MIAMI, 33133 81 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Cot 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as re agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature		25	29		ountry	Florida Statutes	☐ Yes ☐ No	rs. 199.032,
2801 SOUTH BAYSHORE DRIVE SUITE 1425 MIAMI, 33133 82 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Cd 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature bytesid or printed name of registered agent and title / applicable. (NOTE Registered Agent signature required when reinstairing) 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 29. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 20. ADDITIONS/CHANGES TO OFFICERS AND	<u> </u>		ent Registered Agent		<u> </u>	10. Name and Address of New R	egistered Agent	
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 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 reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Signatur	26 St	01 SOUTH BAYSHORE DRIVE JITE 1425			83	ess (P.O. Box Number is Not Accepta		
12. OFFICERS AND DIRECTORS THE PST DELETE 1.1 TITLE NAME BERMAN, H TOD 12 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SERMAN, H TOD DELETE 2.1 TITLE DELETE 2.1 TITLE NAME SERMAN, H TOD DELETE 2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL DELETE 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS			502 and 607.1508, Fiorida S te of Fiorida. Such change igations of, Section 607.050	itatutes, the was authori 5, Florida S	above-named corp zed by the corporal tatutes	oration submits this statement for the ion's board of directors. I hereby according to the control of the contr		g its registered as registered
DELETE LITTLE Change Change DELETE LITTLE Change Change DELETE LITTLE Change Change DELETE LITTLE Change DELETE LITTLE Change DELETE LITTLE Change DELETE LITTLE Change DELETE D		Signature, typed or printed name of registered a		(NOTE: Regist	ered Agent signature requir	ed when reinstating)	DATE	
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64 CITY-ST-ZIP 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 information indicated on this armual 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 frustor 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5 3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

Dity-ST-7iP

STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME

DELETE

DELETE

Change

Change

Addition

☐ Addition

FILED

May 09 1997 8:00am

Secretary of State