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 # G10255 (9)

1. Corporation Name

JOEL D. ROBRISH, P.A.

Principal Place of Business

% JOEL D. ROBRISH
9100 S. DADELAND BLVD., STE. 1404
MIAMI FL 33156
US

Mailing Address

% JOEL D. ROBRISH
9100 S. DADELAND BLVD., SATE. 1404
MIAMI FL 33156
US

3. Date Incorporated or Qualified: 10/20/1982
3a. Date of Last Report: 02/09/1995

4. FEI Number: 59-2260710 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 1390 South Dixie Hwy.
Suite, Apt #, etc. 22 Suite 1203
City & State 23 Coral Gables, FL
Zip 24 33146 Country 25 Dade

2a. Mailing Address
26 1390 South Dixie Hwy.
Suite, Apt #, etc. 27 Suite 1203
City & State 28 Coral Gables, FL
Zip 29 33146 Country 30 Dade

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**

ROBRISH, JOEL D.
9100 S. DADELAND BLVD.
STE. 1404
MIAMI FL 33156

10. **Name and Address of New Registered Agent**

81 Name: Robrish, Joel D.
82 Street Address (P.O. Box Number is Not Acceptable): 1390 South Dixie Highway
83 Suite 1203
84 City: Coral Gables 85 FL Zip Code: 33146

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 X

Date: May 7, 1996

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	ROBRISH, JOEL D	
STREET ADDRESS	9100 S. DADELAND BLVD., #1404	
CITY-ST-ZIP	MIAMI, FL 00000	
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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[X] Change ☐ Addition
1.2 NAME	Robrish, Joel D.	
1.3 STREET ADDRESS	1390 South Dixie Hwy., Ste. 1203	
1.4 CITY-ST-ZIP	Coral Gables, FL 33146	
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		

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6-4-96

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 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

5/28/96

305-667-9327

CR2E034 (12/95)