FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G68263

(4)

Mailing Address

MICHAEL ROSENTHAL ASSOCIATES, INC.

C/O MICHAEL ROSENTHAL C/O MICHAEL ROSENTHAL 3841 NE 2ND AVE. #203A 3841 NE 2NO AVE. #203A MIAMI FL 33137-3639 MIAMI FL 33137 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996 11/08/1983 4. FEI Number Applied For 2a. Mailing Address Principal Place of Business 59-2353303 Not Applicable 26 21 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ROSENTHAL, MICHAEL 3841 NE 2ND AVE 82 Street Address (P.O. Box Number is Not Acceptable) #203A 83 **MIAM! FL 33137** 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition DELETE 1 1 TITLE TITLE ROSENBHAL, MICHAEL 1.2 NAME NAME 3841 N.E. 2ND AVE #203 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP CITY-ST-ZIF DELETE ☐ Change Addition 21 TITLE THILE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY - ST-ZIP City-St-Ze Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME

14. I do hereby certify that the information supplied with this filling 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 required or true tee 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 13 in that my name attachment with no address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CiTY-ST-ZiP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CHTY - ST - ZIP

CITY - S1 - ZIP

TITLE

NAME

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NAMÉ

DELETE

DELETE

MICHAEL ROSENTHAL 3-31-97 3,5.573.56,5

FILED

Apr 03 1997 8:00am

Secretary of State

Change

Change

Addition

Addition