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

FILED PROFIT Apr 01 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name J14809 (4) BARRY DIAMOND, P.A. Principal Place of Business Mailing Address 2650 S.W. 271H AVE 2650 S.W. 27TH AVENUE Suite 302 DO NOT WRITE IN THIS SPACE MIAMI FL 33133 3. Date Incorporated or Qualified 05/19/1986 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For <u>a6505.0</u>.374 59-2682879 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State \$5.00 May Be Election Campaign Financing 10rida П 28 Trust Fund Contribution Added to Fees Country Country Zip This corporation owes or has paid the current year Intangible Yes ☐ No 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DIAMOND, BARRY 6460 CHAPMAN FIELD DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33156** 83 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE PD TITLE 1.1 TITLE ☐ Change Addition DIAMOND, BARRY NAME 6460 CHAPMAN FIELD DR. STREET ADDRESS 1.3 STREET ADDRESS Miami Fl CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE Addition 3.1 TITLE ☐ Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

 I hereby certify that the interior indicated on this annual report tion 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 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 along the receiver or trustee empowered to execute this report as required by Chapter 607, Fforida Statutes; and that my name appears in , or on an attachment with an address. officer or director of the Block 12 or Block 13 if

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

6.1 TITLE

6.2 NAME

DELETE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME