FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
Division of Corporations

APPROVED
AND
FILED

95 MAY -1 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J18192 (1)

1. Corporate Name
PHILIP SCHWARTZ, INC.

Principal Place of Business
4649 PONCE DE LEON BLVD., STE. 301
CORAL GABLES FL 33146

Mailing Address
4649 PONCE DE LEON BLVD., STE. 301
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/09/1986
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business
21 2871 Oak Avenue
22 N/A
23 Coconut Grove,Fl
24 33133 25 DADE

2a. Mailing Address
26 P.O. BOX 330609
27
28 Miami, Fl
29 33233-0609 30 DADE

4. FEI Number: 59-2685032 — 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 Ch. 199, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent
SCHWARTZ, PHILIP M.
4649 PONCE DE LEON BLVD., STE. 301
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Section 607.0501 and/or 608, 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. The name and address of the registered office and the name and address of the registered agent of this corporation as last filed with the Department of State, Tallahassee, Florida, are:
N/A

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	SCHWARTZ, PHILIP
STREET ADDRESS	4649 PONCE DE LEON BLVD
CITY, STATE, ZIP	CORAL GABLES FL
TITLE	V
NAME	KAPLAN, KIRK
STREET ADDRESS	4649 PONCE DE LEON BLVD
CITY, STATE, ZIP	CORAL GABLES FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE	[X] Change [ ] Addition	
NAME		
STREET ADDRESS	2871 Oak Avenue	
CITY, STATE, ZIP	Coconut Grove, Fl 33133	
TITLE	[X] Change [ ] Addition	
NAME		
STREET ADDRESS	2871 Oak Avenue	
CITY, STATE, ZIP	Coconut Grove, Fl 33133	
TITLE	[ ] Change [ ] Addition	
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE	[ ] Change [ ] Addition	
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE	[ ] Change [ ] Addition	
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE	[ ] Change [ ] Addition	
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

14. I hereby certify that the information contained herein, to the best of my knowledge, is accurate and complete as required by the corporation statutes of the State of Florida, 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 a director or officer of this 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 above or is added to them with an address.

SIGNATURE: KIRK KAPLAN 04/27/95 (305) 445-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0160392 CP