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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 8:59

DOCUMENT # J24652 (6)

1. Corporation Name
LEVINE & GEIGER, P.A.

Principal Place of Business	Mailing Address
C/O ROBERT S. GEIGER ~~1110 BRICKELL AVENUE SUITE 700~~ MIAMI FL 33131	C/O ROBERT S. GEIGER ~~1110 BRICKELL AVENUE SUITE 700.~~ MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/15/1986
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business	2a. Mailing Address
21 1428 Brickell AVE	26 1428 Brickell AVE
Suite, Apt. #, etc. 22 Suite 600	Suite, Apt. #, etc. 27 Suite 600
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip / Country 24 33131 / 25 USA	Zip / Country 29 33131 / 30

4. FEI Number: 59-2699820 ☐ 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 S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GEIGER, ROBERT S. ~~1110 BRICKELL AVENUE SUITE 700~~ MIAMI FL 33131	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1428 Brickell AVE, Suite 600 83 84 City: FL 85 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 ✓ _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	GEIGER, ROBERT S.	1.2 NAME	
STREET ADDRESS	~~1110 BRICKELL AVE., #700~~	1.3 STREET ADDRESS	1428 Brickell AVE, Suite 600
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	☒ Change ☐ Addition
NAME	KUPERSTEIN, STANLEY H.	2.2 NAME	
STREET ADDRESS	~~1110 BRICKELL AVE. #700~~	2.3 STREET ADDRESS	1428 Brickell AVE, Suite 600
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☒ Change ☐ Addition
NAME	CAPOTE, BEATRIZ M.	3.2 NAME	
STREET ADDRESS	~~1110 BRICKELL AVE. #700~~	3.3 STREET ADDRESS	1428 Brickell AVE, Suite 600
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	LEVINE, ROBERT J.	4.2 NAME	
STREET ADDRESS	1110 BRICKELL AVE. #700	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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 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 — Date — Daytime Phone #
STANLEY H. KUPERSTEIN

0130361 CR