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 # **J24652** **(6)**

1. Corporation Name

LEVINE & GEIGER, P.A.

Principal Place of Business

1428 BRICKELL AVE.
SUITE 600
MIAMI FL 33131
US

Mailing Address

1428 BRICKELL AVE.
SUITE 600
MIAMI FL 33131
US

2. Principal Place of Business
21
Suite, Apt. Number
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. Number
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: **07/15/1986**

3a. Date of Last Report: **03/09/1995**

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

GEIGER, ROBERT S.
1428 BRICKELL AVE., SUITE 600
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	GEIGER, ROBERT S.	
STREET ADDRESS	1428 BRICKELL AVE., SUITE 600	
CITY-ST-ZIP	MIAMI FL	
TITLE	VTD	☐ DELETE
NAME	KUPERSTEIN, STANLEY H.	
STREET ADDRESS	1428 BRICKELL AVE., SUITE 600	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	☐ DELETE
NAME	CAPOTE, BEATRIZ M.	
STREET ADDRESS	1428 BRICKELL AVE., SUITE 600	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	☐ DELETE
NAME	LEVINE, ROBERT J.	
STREET ADDRESS	1110 BRICKELL AVE. #700	
CITY-ST-ZIP	MIAMI FL	
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 TITLE	☐ Change	☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE	☐ Change	☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE	☐ Change	☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE	☐ Change	☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE	☐ Change	☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE	☐ Change	☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is complete, accurate 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 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, added or deleted.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE