FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL 10 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J40746 (6)

1. Corporation Name
MURRAY KANE, INC.

400001533854
-07/10/95--01081--001
****225.00 ****225.00
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~C/O FLORIDA REGISTERED AGENTS, INC. 100 S.E. 2 ST. #3600 MIAMI FL 33131~~	~~C/O FLORIDA REGISTERED AGENTS, INC. 100 S.E. 2 ST. #3600 MIAMI FL 33131~~

3. Date Incorporated or Qualified: 10/30/1986
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0036002 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2601 S. Bayshore Dr.	26 2601 S. Bayshore Dr.
22 Suite, Apt. #, etc.: Suite 1600	27 Suite, Apt. #, etc.: Suite 1600
23 City & State: Miami, Florida	28 City & State: Miami, Florida
24 Zip: 33133 — 25 Country: U.S.	29 Zip: 33133 — 30 Country: U.S

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

~~FLORIDA REGISTERED AGENTS INC~~
~~100 S.E. 2 ST. #3600~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name: A Z Registered Agent Corporation
82 Street Address (P.O. Box Number is Not Acceptable): 2601 S. Bayshore Drive
83 Suite 1600
84 City: Miami — FL — 85 Zip Code: 33133

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.

A Z REGISTERED AGENT CORPORATION

SIGNATURE By: Justin T. Wilson
Justin T. Wilson, Secretary

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	KANE, MURRAY L. M.D.	1.2 NAME	
STREET ADDRESS	985 N.E. 176TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	1.4 CITY-ST-ZIP	
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		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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: Murray L. Kane MD / Murray L Kane MD — 5/10/95 — 305/652-4859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0127691 CP