# 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 10:37

DOCUMENT # **K24714** **(3)**

1. Corporation Name
**EAH, INC.**

Principal Place of Business
**% C. CRAIG EDEWAARD**
**115 N.W. 2ND AVENUE**
**FORT LAUDERDALE FL 33311**

Mailing Address
**% C. CRAIG EDEWAARD**
**115 N.W. 2ND AVENUE**
**FORT LAUDERDALE FL 33311**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/23/1988**
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **65-0050188** ☐ 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

7. This corporation has qualify for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**EDEWAARD, C. CRAIG**
**115 N.W. 2ND AVENUE**
**FT. LAUDERDALE FL 33311**

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 607.0502 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) (If 11 - Registered Agent signature required when mailing) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | **PD** | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | **EDEWAARD, C. CRAIG** | 12 NAME | | |
| STREET ADDRESS | **115 N.W. 2ND AVENUE** | 13 STREET ADDRESS | | |
| CITY ST ZIP | **FORT LAUDERDALE FL** | 14 CITY ST ZIP | | |
| TITLE | | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | | 22 NAME | | |
| STREET ADDRESS | | 23 STREET ADDRESS | | |
| CITY ST ZIP | | 24 CITY ST ZIP | | |
| TITLE | | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | | 32 NAME | | |
| STREET ADDRESS | | 33 STREET ADDRESS | | |
| CITY ST ZIP | | 34 CITY ST ZIP | | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY ST ZIP | | 44 CITY ST ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY ST ZIP | | 54 CITY ST ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY ST ZIP | | 64 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:** _____ 5/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP

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Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # **K25304** **(2)**

1. Corporation Name
**MANAGEMENT AND BUSINESS ASSOCIATES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 444 BRICKELL AVE., SUITE 300<br>MIAMI FL 33131 | 444 BRICKELL AVE., SUITE 300<br>MIAMI FL 33131 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/03/1988**
3a. Date of Last Report: **05/01/1994**

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 4275 AURORA ST | 26 4275 AURORA ST |
| Suite, Apt. #, etc. 22 Suite F | Suite, Apt. #, etc. 27 SUITE F |
| City & State 23 Coral Gables, FL | City & State 28 CORAL GABLES FL |
| Zip 24 33146 Country 25 Dade | Zip 29 33146 Country 30 DADE |

4. FEI Number: **65-0077634** ☐ 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 |
|---|---|
| **MERKIN, STEWART A.**<br>**444 BRICKELL AVENUE**<br>**SUITE 300**<br>**MIAMI FL 33131** | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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: (Typed or printed name of registered agent and title if applicable) (If new Registered Agent) (Signature of new Registered Agent) (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PSD | 11 TITLE | ☒ Change ☐ Addition |
| NAME | IGLESIAS, MANUEL E. | 12 NAME | |
| STREET ADDRESS | 6100 S.W. 121 ST. | 13 STREET ADDRESS | 12200 SW 84th Ave Rd |
| CITY ST ZIP | MIAMI FL | 14 CITY ST ZIP | Miami, FL 33156 |
| TITLE | VPT | 21 TITLE | ☐ Change ☐ Addition |
| NAME | SCHRIER, DAVID | 22 NAME | |
| STREET ADDRESS | 614 ALEDO AVENUE | 23 STREET ADDRESS | |
| CITY ST ZIP | CORAL GABLES FL | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

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**SIGNATURE:** [signature] Date

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0132322 CP