SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 30 AM 9:38

DOCUMENT # **K32981** **(8)**

1. Corporation Name
ROBERT D. SHAPIRO, P.A.

Principal Place of Business	Mailing Address
780 NW LEJEUNE RD STE 625 MIAMI FL 33126 US	780 NW LEJEUNE RD STE 625 MIAMI FL 33126 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/13/1988
3a. Date of Last Report: 03/16/1994

2. Principal Place of Business
21: 28 West Flagler St.
Suite, Apt. #, etc.
22: 11th Floor
City & State
23: Miami, FL.
Zip 24: 33130 Country 25: USA

2a. Mailing Address
26: 28 West Flagler St.
Suite, Apt. #, etc.
27: 11th Floor
City & State
28: Miami, FL.
Zip 29: 33130 Country 30: USA

4. FEI Number: 65-0072358 ☐ 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

SHAPIRO, ROBERT D.
780 NW LEJEUNE RD
STE 625
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: Robert D. Shapiro
82 Street Address (P.O. Box Number is Not Acceptable): 28 West Flagler St.
83: 11th Floor
84 City: MIAMI FL 85 Zip Code: 33130

11. Pursuant to the provisions of Section 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: X DATE: 6/26/95
(Typed or printed name of registered agent and title if applicable) (Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL NAME(S) FOR FEI/STATE APPLICATION	
TITLE	DPS	11 TITLE	☒ Change ☐ Addition
NAME	SHAPIRO, ROBERT D.	12 NAME	
STREET ADDRESS	~~780 NW LEJEUNE RD, STE 625~~	13 STREET ADDRESS	28 West Flagler St., 11th Floor
CITY ST ZIP	~~MIAMI FL~~	14 CITY ST ZIP	MIAMI, FL. 33130
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	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this form 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 added, above with an address.

SIGNATURE: X 6/26/95 (305) 373-1099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CP