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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 FEB 14 PM 2:07

DOCUMENT # K50332 (1)

1. Corporation Name
THE LAW OFFICES OF ROBIN L. KOZIN, P.A.

Principal Place of Business	Mailing Address
8101 BISCAYNE BLVD 200 MIAMI FL 33138 US	8101 BISCAYNE BLVD 200 MIAMI FL 33138 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1988
3a. Date of Last Report: 05/11/1994
4. FEI Number: 65-0000890 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 10800 Biscayne Blvd.	20 10800 Biscayne Blvd.
Suite, Apt. #, etc. 22 Suite 950	Suite, Apt. #, etc. 27 Suite 950
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33161 Country 25 US	Zip 29 33161 Country 30 US

9. Name and Address of Current Registered Agent

KOZIN, ROBIN L
8101 BISCAYNE BLVD
SUITE 200
MIAMI FL 33138

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 10800 Biscayne Blvd.
83 Suite 950
84 City Miami FL 85 Zip Code 33161

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] 2/3/95
(Signature, typed or printed name of registered agent and title if applicable) (DATE Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	KOZIN, ROBIN L.	1.2 NAME	KOZIN, ROBIN L.
STREET ADDRESS	8101 BISCAYNE BLVD SUITE 200	1.3 STREET ADDRESS	10800 Biscayne Blvd., Suite 950
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33161
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)(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] ROBIN L. KOZIN 2/3/95 (305)892-8555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0146557 CP