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 MAY -1 PM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K53931 (7)

1. Corporate Name
SMITH, DEMAHY, DRAKE, COZAD & CABEZA, P.A.

Principal Place of Business
% KENNETH SMITH
141 N.E. 3RD AVE. PH
MIAMI FL 33132

Mailing Address
% KENNETH SMITH
141 N.E. 3RD AVE. PH
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1988
3a. Date of Last Report: 08/17/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or — 22 / 27
City, State — 23 / 28
Zip — 24 / 25 / 29 / 30

4. FEI Number: 65-0096776 — 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. Does corporate have liability for intangible tax under S. 199.032 Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, KENNETH
141 N.E. 3RD AVE
PH
MIAMI FL 33132

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 Section 607.0502 and 607.0505, Florida Statutes, the above named corporation adopts 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 with office at the address of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DS	TITLE DP	☒ Change ☐ Addition
NAME	SMITH, KENNETH	NAME	
STREET ADDRESS	141 N.E. 3RD AVE	STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	CITY, ST, ZIP	
TITLE	DP	TITLE Delete	☒ Change ☐ Addition
NAME	TOUBY, KATHLEEN A.	NAME	
STREET ADDRESS	141 N.E. 3RD AVENUE	STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	CITY, ST, ZIP	
TITLE	DVP	TITLE	☐ Change ☐ Addition
NAME	DEMAHY, PETE L.	NAME	
STREET ADDRESS	141 N.E. 3RD AVENUE	STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	CITY, ST, ZIP	
TITLE	DT	TITLE DST	☒ Change ☐ Addition
NAME	DRAKE, KENNETH R.	NAME	
STREET ADDRESS	141 N.E. 3RD AVENUE	STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report, including any changes, is true and complete. I further certify that the information included on this annual report or supplemental annual report is true and complete 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 hereof or is attached with an address.

SIGNATURE: C J Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-95 (305) 375-0900
Date Daytime Phone

0133974 CP