

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K70968** (8)

1. Corporation Name

**EMPLOYEES RETIREMENT SERVICE COMPANY OF AMERICA,  
INC.**

Principal Place of Business

**7300 NORTH KENDALL DRIVE, SUITE 640  
MIAMI FL 33156**

Mailing Address

**7300 NORTH KENDALL DRIVE, SUITE 640  
MIAMI FL 33156**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**BASS, EUGENE  
7300 NORTH KENDALL DRIVE, SUITE 640  
MIAMI FL 33156**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

**03/02/1989**

3a. Date of Last Report

**04/04/1995**

4. FEI Number

**59-2935571**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 if not applicable

NOTE: Registered Agent signature and title are required

DATE

12. OFFICERS AND DIRECTORS

|                |                                          |                                 |
|----------------|------------------------------------------|---------------------------------|
| TITLE          | <b>DCEO</b>                              | <input type="checkbox"/> DELETE |
| NAME           | <b>BASS, EUGENE</b>                      |                                 |
| STREET ADDRESS | <b>7300 N. KENDALL DRIVE, SUITE 640</b>  |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33156</b>                    |                                 |
| TITLE          | <b>PD</b>                                | <input type="checkbox"/> DELETE |
| NAME           | <b>MCCAIN, GENE</b>                      |                                 |
| STREET ADDRESS | <b>7300 N. KENDALL DRIVE, SUITE 640</b>  |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33156</b>                    |                                 |
| TITLE          | <b>D</b>                                 | <input type="checkbox"/> DELETE |
| NAME           | <b>SANDER, TIM</b>                       |                                 |
| STREET ADDRESS | <b>8925 S.W. 148TH STREET, SUITE 216</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33176</b>                    |                                 |
| TITLE          |                                          | <input type="checkbox"/> DELETE |
| NAME           |                                          |                                 |
| STREET ADDRESS |                                          |                                 |
| CITY-ST-ZIP    |                                          |                                 |
| TITLE          |                                          | <input type="checkbox"/> DELETE |
| NAME           |                                          |                                 |
| STREET ADDRESS |                                          |                                 |
| CITY-ST-ZIP    |                                          |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-ST-ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Eugene Bass*

3-22-96

(305) 70-1233

CR2E034 (12/95)