SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **K81965** **(1)**

1. Corporation Name

OCARIZ & GITLIN, C.P.A., P.A.

Principal Place of Business
3211 PONCE DE LEON BLVD. 305
CORAL GABLES FL 33134

Mailing Address
3211 PONCE DE LEON BLVD. 305
CORAL GABLES FL 33134

3. Date Incorporated or Qualified: **04/20/1989**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0112969** — 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
21 2151 LEJEUNE RD #312
Suite, Apt. #, etc
22 #312
City & State
23 CORAL GABLES, FL
Zip 24 33134 Country 25 US

2a. Mailing Address
26 2151 LEJEUNE RD
Suite, Apt. #, etc
27 #312
City & State
28 CORAL GABLES, FL
Zip 29 33134 Country 30 US

9. Name and Address of Current Registered Agent

OCARIZ, HIRAM
3211 PONCE DE LEON BLVD. 305
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2151 LEJEUNE RD #312
83
84 City CORAL GABLES FL 85 Zip Code 33134

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: HIRAM OCARIZ (NOTE: Registered Agent signature required where reinstated) DATE: 8/5/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	GITLIN, MARK	
STREET ADDRESS	3211 PONCE DE LEON BLVD #305	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	☐ DELETE
NAME	OCARIZ, HIRAM	
STREET ADDRESS	3211 PONCE DE LEON BLVD #305	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☑ Change ☐ Addition

1.1 TITLE		
1.2 NAME	2151 LEJEUNE RD #312	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	☑ Change ☐ Addition
2.1 TITLE		
2.2 NAME	2151 LEJEUNE RD #312	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	☐ Change ☐ Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: HIRAM OCARIZ 8/5/96 — 305-444-8288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (3/96)

0044028 CP