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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:59

DOCUMENT # K87021 (7)

1. Corporation Name
BERMAN, SWICHKOW, MITTELBERG, STAHL, FARBISH & ALDER, P.A.

Principal Place of Business	Mailing Address
1320 S DIXIE HGWY SUITE 1061 CORAL GABLES FL 33146	1320 S DIXIE HGWY SUITE 1061 CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1989
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 65-0123806 ☐ 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

KLEIN, BRENT D.
801 BRICKELL AVENUE
SUITE 1901
MIAMI FL 33131

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	11 TITLE	☐ Change ☐ Addition
NAME	BERMAN, DAVID M.	12 NAME	
STREET ADDRESS	1320 S DIXIE HGWY	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	
TITLE	D/Sec.	21 TITLE	☐ Change ☐ Addition
NAME	SWICHKOW, BERNARD	22 NAME	
STREET ADDRESS	1320 S DIXIE HGWY	23 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	24 CITY ST ZIP	
TITLE	~~D~~	31 TITLE	☐ Change ☐ Addition
NAME	~~STAHL, HARVEY H.~~	32 NAME	
STREET ADDRESS	~~1320 S DIXIE HGWY~~	33 STREET ADDRESS	
CITY ST ZIP	~~CORAL GABLES FL~~	34 CITY ST ZIP	
TITLE	D/VP	41 TITLE	☐ Change ☐ Addition
NAME	FARBISH, HOWARD J.	42 NAME	
STREET ADDRESS	1320 S DIXIE HGWY	43 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	44 CITY ST ZIP	
TITLE	D/VP	51 TITLE	☐ Change ☐ Addition
NAME	ADLER, LESLIE	52 NAME	
STREET ADDRESS	1320 S. DIXIE HIGHWAY	53 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	54 CITY ST ZIP	
TITLE	D/Treas	61 TITLE	☐ Change ☐ Addition
NAME	MITTELBERG, RICKEY I.	62 NAME	
STREET ADDRESS	1320 S. DIXIE HIGHWAY	63 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	64 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 X in Block

SIGNATURE: V.P. 2/6/95 305-665-5303
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR (Daytime Phone #)
HOWARD J. FARBISH

0180708 CP