FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K89730** (1)

1. Corporation Name

BURKICH & BURKICH, P.A.

Principal Place of Business	Mailing Address
4475 S.W. 8TH STREET MIAMI FL 33134	4475 S.W. 8TH STREET MIAMI FL 33134

3. Date Incorporated or Qualified: **05/19/1989**

3a. Date of Last Report: **06/27/1995**

4. FEI Number: **65-0121177** ☐ 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
21 201 Alhambra Circle	26 201 Alhambra Circle
22 Suite, Apt. #, etc. Suite 502	27 Suite, Apt. #, etc. Suite 502
23 City & State Coral Gables, Florida	28 City & State Coral Gables, Florida
24 Zip 33134 25 Country DADE	29 Zip 33134 30 Country DADE

9. Name and Address of Current Registered Agent

BURKICH, AMY L ESQUIRE
4475 S.W. 8TH STREET
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name: Burkich, Loretta, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle
83 Suite 502
84 City: Coral Gables FL 85 Zip Code 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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] LORETTA BURKICH, ESQUIRE DATE: 3/12/96
Signature, typed or printed name of registered agent, and title, if applicable (Each Registered Agent's signature required when resigning)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☑ DELETE	1.1 TITLE	P; M	☐ Change ☑ Addition
NAME	BURKICH, AMY L ESQUIRE		1.2 NAME	BURKICH, LORETTA ESQUIRE	
STREET ADDRESS	4475 S.W. 8TH STREET		1.3 STREET ADDRESS	201 Alhambra Circle; Suite 502	
CITY-ST-ZIP	MIAMI FL 33134		1.4 CITY-ST-ZIP	Coral Gables, Florida; 33134	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	300001822313	
TITLE		☐ DELETE	5.1 TITLE	-05/15/96--01049--008	☐ Change ☐ Addition
NAME			5.2 NAME	***200.00	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☑ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

JR 5-1-96

CR2E034 (12/95)

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] LORETTA BURKICH 3/12/96 (305) 443-1822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #