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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # L33820 (6)

1. Corporation Name
LAWRENCE J. SHAPIRO & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
80 SW 8TH STREET SUITE 2180 MIAMI FL 33130	80 SW 8TH STREET SUITE 2180 MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 80 SW 8th Street	26 80 SW 8th Street
Suite, Apt. #, etc. 22 Suite 2804	Suite, Apt. #, etc. 27 Suite 2804
City & State 23 Miami Florida	City & State 28 Miami Florida
Zip / Country 24 33130 / 25 USA	Zip / Country 29 33130 / 30 USA

3. Date Incorporated or Qualified: 12/05/1989

4. FEI Number: 65-0162986 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHAPIRO, LAWRENCE J 80 SW 8TH STREET SUITE 2180 MIAMI FL 33130	81 Name: Lawrence J. Shapiro 82 Street Address (P.O. Box Number is Not Acceptable): 80 SW 8th Street 83 Suite 2804 84 City: Miami FL 85 Zip Code: 33130

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: _____ LAWRENCE J. SHAPIRO 3/9/98
Signature, typed or printed name of registered agent and the date as well. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SHAPIRO, LAWRENCE J.		1.2 NAME		
STREET ADDRESS	80 SW 8TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33130		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SHAPIRO, LAWRENCE J.		2.2 NAME		
STREET ADDRESS	80 SW 8TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33130		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		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
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		

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing 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 address.

SIGNATURE: _____ 3/9/98 (305) 374-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #