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

DOCUMENT # **L36562** **(1)**

1. Corporate Name
SUSAN A. OSSAKOW, D.O., P.A.

APPROVED AND FILED

95 MAY -1 AM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
825 S BAYSHORE DR SUITE 1844 MIAMI FL 33131 US	825 S BAYSHORE DR SUITE 1844 MIAMI FL 33131 US

3. Date Incorporated / Qualified: **12/14/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: **65-0163898** ☐ 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 activity for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

OSSAKOW, SUSAN A., D.O., P.A.
825 SOUTH BAYSHORE DR, 1844
MIAMI FL 33131-9936

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 Section 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
(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, Registered Agent must sign) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN U
01 TITLE	DPS	☐ Change ☐ Addition
02 NAME	OSSAKOW, SUSAN A	
03 STREET ADDRESS	825 S BAYSHORE DR #1944	
04 CITY ST ZIP	MIAMI FL	
05 TITLE		☐ Change ☐ Addition
06 NAME		
07 STREET ADDRESS		
08 CITY ST ZIP		
09 TITLE		☐ Change ☐ Addition
10 NAME		
11 STREET ADDRESS		
12 CITY ST ZIP		
13 TITLE		☐ Change ☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY ST ZIP		
17 TITLE		☐ Change ☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY ST ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		

14. I hereby certify that the information supplied with this filing is absolutely 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 1 or Block 11 if changed, or on an attachment with an address.

SIGNATURE: Susan A. Ossakow Susan A. Ossakow, D.O., P.A. 4/29/95 305-530-3540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0130344 CP

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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

DOCUMENT # L37567 (9)

1. Corporation Name

ADVANCED STRUCTURAL ANALYSIS & DESIGN, INC.

Principal Place of Business	Mailing Address
% ASSAD HEJAZI 9328 S.E. MYSTIC COVE TERR. HOBE SOUND FL 33455 US	C/O ASSAD HEJAZI 9328 S.E. MYSTIC COVE TERR. HOBE SOUND FL 33455 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0170239 [ ] 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) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)
2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

9. Name and Address of Current Registered Agent

HEJAZI, ASSAD
9328 SE MYSTIC COVE TERR
HOBE SOUND FL 33455

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 [signature] 4/30/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	[ ] Change [ ] Addition
NAME	HEJAZI, ASSAD	
STREET ADDRESS	9328 S.E. MYSTIC COVE TERR.	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	ST	[ ] Change [ ] Addition
NAME	HEJAZI, FARIBA A.	
STREET ADDRESS	9328 S.E. MYSTIC COVE TERR.	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
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(1)(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: [signature] 4/30/95 407-624-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0268407 CP