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

APPROVED AND FILED
95 MAY -1 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L44514 (2)

1. Corporation Name
BROOKMAN-FELS ORGANIZATION, INC.

Principal Place of Business	Mailing Address
7900 SW 57 AVE 3 FLOOR SO MIAMI FL 33143 US	7900 SW 57 AVE 3 FLOOR SO MIAMI FL 33143 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/24/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 5901 S.W. 111 STREET
Suite, Apt #, etc
22
City & State
23 MIAMI FL
Zip
24 33156
25 Country

2a. Mailing Address
26 5901 S.W. 111 STREET
Suite, Apt. #, etc.
27
City & State
28 MIAMI FL
Zip
29 33156
30 Country

4. FEI Number: 65-0169605 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 Added

8. This corporation has liability for intangible tax under S. ... Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ADICKMAN, ROSS
7900 SW 57 AVE
3 FLOOR
SO MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 5901 S.W. 111 STREET
83
84 City MIAMI FL 85 Zip Code 33156

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 1 TITLE	☒ Change ☐ Addition
NAME	FELS, JON	1 2 NAME	
STREET ADDRESS	7900 SW 57 AVE, 3 FLOOR	1 3 STREET ADDRESS	5901 S.W. 111 STREET
CITY ST ZIP	SO MIAMI FL	1 4 CITY ST ZIP	MIAMI FL 33156
TITLE	DVS	2 1 TITLE	☒ Change ☐ Addition
NAME	ADICKMAN, ROSS	2 2 NAME	
STREET ADDRESS	7900 SW 57 AVE, 3 FLOOR	2 3 STREET ADDRESS	5901 S.W. 111 STREET
CITY ST ZIP	SO MIAMI FL	2 4 CITY ST ZIP	MIAMI FL 33156
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

8P 3/16

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: Jonathan E. Fels — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95 Date

665-9005 Daytime Phone #

0164462 CP