FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED Apr 15 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 **DOCUMENT # L60481** (3)STANLEY HILTON PINDER, P.A. Principal Place of Business Mailing Address C/O BERENFELD, SPRITZER & SHECHTER C/O BERENFELD. SPRITZER & SHECHTER 7700 N. KENDALL DR. #805 7700 N. KENDALL DR. #805 MIAMI FL 33156-7597 MIAMI FL 33156 3. Date Incorporated or Qualified 3a. Date of Last Report 03/27/1990 04/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0187241 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\sigma\) No Zio Country Zip Country 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHECHTER, PHILIP J 7700 N. KENDALL DR. #805 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33156** 83 84 City 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, typed or printed name of rug seried againt and true if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) DELETE Change Addition THILE 1.1 TITLE STANLEY, PINDER NAME 1.2 NAME CR2E034 12501 RAMIRO ST STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL** C-14 - S1 - ZIF 1.4 CITY-ST-ZIP DELETE Change Addition TIELE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADORESS 2 4 CITY-ST-ZIP COY ST 70 ma DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE THEF MAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP OHY - 51 - 269 DELETE ☐ Change TIBLE 5.1 TITLE Addition STREET ACTORISE 5.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. If do bereby 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 endicated 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 prustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name Lam an officer or director of appears in Biock 12 or Bro

5.4 CHY-ST-7IP

61 TITLE

62 NAME 6.3 STREET ADDRESS

SIGNATURE:

OdY-51-26

STREET ADDRESS CHY-ST ZIP

THUE NAME

DELETE

4/10/97 Date

305-66190 44 Dayline Prox +

Change

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