


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

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90036 016 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L61749**

1. Corporation Name

**MICHAEL SCHIFFRIN & ASSOCIATES, P.A.**

Principal Place of Business

Mailing Address

1 SE 3 AVE  
~~1400~~ **1450**  
MIAMI FL 33131  
US

1 SE 3RD AVE  
~~1400~~ **1450**  
MIAMI FL 33131  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/26/1990**

4. FEI Number

**65-0182320**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. **1450**  
22 City & State  
23 Zip Country

26 Suite, Apt. #, etc. **1450**  
27 City & State  
28 Zip Country

9. Name and Address of Current Registered Agent

**SCHIFFRIN, MICHAEL ESQ**  
**1 SE THIRD AVE**  
**STE 1400 SUNTRUST INTERNATIONAL CENTER MIAM**  
**I FL 33131**

10. Name and Address of New Registered Agent

81 Name **SCHIFFRIN, MICHAEL ESQ**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1 S.E. THIRD AVE**  
83 **Suite 1450, SunTrust International Center**  
84 City **Miami** FL 85 Zip Code **33131**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>SCHIFFRIN, MICHAEL</b>	
STREET ADDRESS	<b>1 S.E.3 AVE., STE 1400</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SCHIFFRIN, MICHAEL</b>	
1.3 STREET ADDRESS	<b>1 S.E.3 AVE., STE 1450</b>	
1.4 CITY-ST-ZIP	<b>MIAMI, FL. 33131</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL SCHIFFRIN**

Date

Daytime Phone #

**6-3-99 305 539 0000**

CR2E034 (11/98)