FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # L99828 (0)

1. Corporation Name

ASPEN-MCNAB, CORP.

Principal Place of Business	Mailing Address
777 BRICKELL AVE SUITE 1010 MIAMI FL 33131	20801 BISCAYNE BLVD. 302 MIAMI FL 33180 US

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]

3. Date Incorporated or Qualified: 09/14/1990
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0217496 — ☐ 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

9. Name and Address of Current Registered Agent

FELDMAN, DAVID
407 LINCOLN RD
PH NE
MIAMI FL 33139

10. Name and Address of New Registered Agent

81 Name: ROBERT LECHTER
82 Street Address (P.O. Box Number is Not Acceptable): 20801 BISCAYNE BLVD.
83 SUITE 302
84 City: MIAMI FL 85 Zip Code: 33180

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] DATE 1/19/96

12. OFFICERS AND DIRECTORS

TITLE	STD	☐ DELETE
NAME	URRUELA, JUAN	
STREET ADDRESS	777 BRICKELL AVE #1010	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	☐ DELETE
NAME	LECHTER, ROBERT	
STREET ADDRESS	20801 BISCAYNE BLVD. STE/ 302	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: [signature] ROBERT LECHTER, PRES 1/19/96 305 932 7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #