

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M10576** (0)

1. Corporation Name

WOLPERT & KAUFMAN, P.A.

Principal Place of Business

9300 S. DADELAND BLVD.
SUITE 201
MIAMI FL 33156

Mailing Address

9300 S. DADELAND BLVD.
SUITE 201
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1985

3a. Date of Last Report

03/31/1994

4. FEI Number

59-2488616

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. 199.022,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 9200 S. DADELAND BLVD.

Suite, Apt. #, etc.

22 614

City & State

23 MIAMI, FL

Zip

24 33156

Country

2a. Mailing Address

26 9200 S. DADELAND BLVD.

Suite, Apt. #, etc.

27 614

City & State

28 MIAMI, FL

Zip

29 33156

Country

30

9. Name and Address of Current Registered Agent

WOLPERT, ANTHONY H.
9300 S. DADELAND BLVD.
SUITE 201
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

9200 S. DADELAND BLVD.

83 SUITE 614

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

Signature, typed or printed name of registered agent and the filer (applicant)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	WOLPERT, ANTHONY H.
STREET ADDRESS	9300 S. DADELAND BLVD.
CITY - ST - ZIP	MIAMI FL
TITLE	VTD
NAME	KAUFMAN, JERRY R.
STREET ADDRESS	9300 S. DADELAND BLVD.
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	9200 S. DADELAND BLVD., SUITE 614
1.4 CITY - ST - ZIP	MIAMI FL 33156
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	9200 S. DADELAND BLVD., SUITE 614
2.4 CITY - ST - ZIP	MIAMI FL 33156
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	

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)(b), 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:

Jerry R. Kaufman

JERRY R. KAUFMAN

4/21/95

(305) 670-1572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #