

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**  
95 AUG -3 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # M11200 (6)**

1. Corporation Name  
**EDWARD BRAMSON & COMPANY, P.A.**

Principal Place of Business Mailing Address  
**3625 NW 82 AVE SUITE 100 MIAMI FL 33166 US** **13927 SW 109 LANE MIAMI FL 33166 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/12/1985** 3a. Date of Last Report **01/21/1994**  
4. FEI Number **59-2490773** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Corporation Forming Trust Funds Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 198.042, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **SUITE 102A** 26 **3625 N.W. 82 AVE.**  
22 **MIAMI, FL. 33166** 27 **SUITE 102A**  
23 **MIAMI, FL. 33166** 28 **MIAMI, FL. 33166**  
24 **33166** 29 **33166** 30 **FL**

9. Name and Address of Current Registered Agent  
**BRAMSON, EDWARD  
13927 SW 109 LANE  
MIAMI FL 33173**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, DELETIONS AND DEPARTURES	
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAMSON, EDWARD	12 NAME	
STREET ADDRESS	13927 SW 109 LANE	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	14 CITY - ST - ZIP	
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(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 unchanged, or on an attachment with an address.

SIGNATURE: Edward Bramson, Pres **7/28/95** **305-592-1910**  
EDWARD BRAMSON, PRES.

CR2E034 (3/95)