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 # **M14319** **(1)**

1. Corporation Name
SUGARMAN AND SUSSKIND, P.A.

Principal Place of Business
5959 BLUE LAGOON DRIVE #150
MIAMI FL 33126

Mailing Address
5959 BLUE LAGOON DRIVE #150
MIAMI FL 33126

3. Date Incorporated or Qualified: 04/22/1985
3a. Date of Last Report: 05/10/1995

4. FEI Number: 59-2539792 — 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

2. Principal Place of Business
21 2801 Ponce De Leon Blvd.
Suite, Apt. #, etc.
22 501
City & State
23 Coral Gables, FL
Zip 24 33134
Country 25 Dade

2a. Mailing Address
26 2801 Ponce De Leon Blvd.
Suite, Apt. #, etc.
27 501
City & State
28 Coral Gables, FL
Zip 29 33134
Country 30 Dade

9. Name and Address of Current Registered Agent
SUSSKIND, HOWARD S.
5959 BLUE LAGOON DR.,STE.150
MIAMI FL 33126

10. Name and Address of New Registered Agent
81 Name: SUSSKIND, HOWARD S.
82 Street Address (P.O. Box Number is Not Acceptable): 2801 Ponce De Leon Blvd.
83 Suite 501
84 City: Coral Gables FL
85 Zip Code: 33134

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	D	☐ DELETE
NAME	SUSSKIND, HOWARD S.	
STREET ADDRESS	5959 BLUE LAGOON DR #150	
CITY-ST-ZIP	MIAMI FL	
TITLE	DP	☐ DELETE
NAME	SUGARMAN, ROBERT A.	
STREET ADDRESS	5959 BLUE LAGOON DR #150	
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	D	☒ Change ☐ Addition
1.2 NAME	SUSSKIND, HOWARD S.	
1.3 STREET ADDRESS	2801 Ponce De Leon Blvd. #501	
1.4 CITY-ST-ZIP	Coral Gables, FL 33134	
2.1 TITLE	DP	☒ Change ☐ Addition
2.2 NAME	SUGARMAN, ROBERT A.	
2.3 STREET ADDRESS	2801 Ponce De Leon Blvd. #501	
2.4 CITY-ST-ZIP	Coral Gables, FL 33134	
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)(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: _____ 3/7/96 (305)529-280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)