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FILED

May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M33499 (8)

1. Corporation Name  
SQUARE ONE ASSOCIATES, INC.



Principal Place of Business

407 LINCOLN RD  
SUITE 2G  
MIAMI BEACH FL 33139  
US

Mailing Address

407 LINCOLN RD  
SUITE 2G  
MIAMI BEACH FL 33139-3018  
US

3. Date Incorporated or Qualified  
06/11/1986

3a. Date of Last Report  
04/04/1996

2. Principal Place of Business

21 6075 SUNSET DRIVE

2a. Mailing Address

26 6075 SUNSET DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 201

27 SUITE 201

City & State

City & State

23 S. MIAMI, FL.

28 S. MIAMI, FL.

Zip

Country

Zip

Country

24 33143

25 USA

29 33143

30 USA

4. FEI Number

65-0040656

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

GROSSMAN, JEROME  
407 LINCOLN RD STE 2G  
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

JEROME GROSSMAN

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

6075 SUNSET DRIVE (SUITE 201)

83

84 City

S. MIAMI

FL

85 Zip Code

33143

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

JEROME GROSSMAN PDS

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/97

12. OFFICERS AND DIRECTORS

TITLE PDS ☐ DELETE  
NAME GROSSMAN, JEROME  
STREET ADDRESS 407 LINCOLN RD STE 2 G  
CITY - ST - ZIP MIAMI BEACH 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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDS ☒ Change ☐ Addition  
1.2 NAME JEROME GROSSMAN  
1.3 STREET ADDRESS 6075 SUNSET DRIVE (SUITE 201)  
1.4 CITY - ST - ZIP S. MIAMI, FL. 33143

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

14. I do 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.

SIGNATURE: JEROME GROSSMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/97

Date

(305) 662-6772

Daytime Phone #

CR2E034 (9/96)