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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DE PARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name

Principal Place of Business

(4)

Mailing Address

LAW OFFICES OF PHILIP T. WEINSTEIN, P.A.

| Suito, Apt | 2250 S.W. 5TH FLOOF MIAMI FL 3 | | 2250 S.W. 3RD AV 5TH FLOOR MIAMI FL 33129-23 | | | | DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 08/01/1986 | SPACE | | |
|--|--------------------------------------|---------------------------------------|--|----------------|--------|-------------|---|----------------------------|---------------------------------|---------|
| Suite, Apt #, etc 227 277 277 277 279 | 2. Principal P | lace of Business | 26. Mailing Address | | | | 4. FEI Number | | Applied For | |
| 27 City & State | | | 26 | | | | 59-2717045 | | Not Applical | ole |
| 22 29 30 20 30 30 30 30 30 30 | 22 | | | h | | | | | | |
| 24 | 23 | | h 1 |) | | | | | | |
| Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent | Zip | Country | Zip | Co | untry | | 8. This corporation owes or has paid the co | urrent year I | ntangible | |
| WEINSTEIN, PHILIP T. 2250 S.W. 3RD AVENUE 5TH FLOOR MIAMI FL 33125-9094 11. Pursuant to the provisions of Sections 607 0542 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registere agon. I am familiar with, and traccept the obligations of, section 607 0545, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registere agon. I am familiar with, and traccept the obligations of, section 607 0505, Florida Statutes SIGNATURE Signature fyeld or professional agend and statute diagram above. (NOTE Represent Agend algendure required when reinstating) DATE 12. OF FICH IS AND ORIC CIOES TILLE DP WEINSTEIN, PHILIP T. 12 NAME STREET ADDRESS CITY-ST-2IP TILLE DELETE 21 TILLE DELETE 22 SIMEE Address 33 SIREET ADDRESS CITY-ST-2IP TILLE DELETE 31 TILLE Change Additional Street Address 33 SIREET ADDRESS CITY-ST-2IP TILLE Change Additional Street Address 33 SIREET ADDRESS CITY-ST-2IP TILLE DELETE 14 TITLE DELETE Additional Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Ziro Code Change Interest Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Ziro Code 15 Street Address (P.O. Box Number is Not Acceptable) 85 Street Address (P.O. Box Number is Not Acceptable) 85 Street Address (P.O. Box Number is Not Acceptable) 85 Street Address (P.O. Box Number is Not Acceptable) 85 Street Address (P.O. Box Number is Not Acceptable) 85 Street Address (P.O. Box Number is Not Acceptable) 85 Street Address (P.O. Box Number is Not Acceptable) 85 Street Address (P.O. Box Number is Not Acceptable) 85 Street Address (P.O. Box Number is Not Acceptable) 85 Street Address (P.O. Box Number is Not Acceptable) 86 Street Address (P.O. Box Number is Not Acceptable) 86 Street Address (P.O. Bo | 24 | | | 30 | | | | | ☐ No | |
| ### Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### City | | 9. Name and Address of Curre | ent Registered Agent | | L | | Name and Address of New Registered | J Agent | | |
| STH FLOOR MIAMI FL 33125-9094 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 agent and terminal with, and accept the displayments of Sections 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent at an familiar with, and accept the displayments. Florida Statutes of the purpose of changing its registered agent at an familiar with, and accept the displayments. Florida Statutes of the purpose of changing its registered agent agent and the purpose of changing its registered agent | v | veinstein, Philip T. | | | 81 | Name | | | | |
| STH FLOOR MIAMI FL 33125-9094 83 84 | 2 | 250 S.W. 3RD AVENUE | | | 82 | Street Addr | ress (P.O. Box Number is Not Acceptable) | | | |
| ### City ### City ### City ### City ### City ### Additional Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Floridal Statutes. #### Signature Signature tyred or probled transcorregistered agent agent algorithms etc. #### Signature tyred or probled transcorregistered agent algorithms etc. #### Signature tyred or probled transcorregistered agent algorithms required when reinstalling) DATE #### DP | 5 | TH FLOOR | | | | 0,,00.,,00. | too (i.e. box validor is not recopiasio) | | | |
| 11. Pursuant to the provisions of Sections 607 05:02 and 607 15:08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 familiar with, and accept the obligations of, Section 607 05:05, Florida Statutes. SIGNATURE Signature tyred or protect name of regulated agent and titled agreedable. (NOTE Registered Agent signature required when reinstating). DATE 12. OFFICERS AND ORIC CIOHS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE DP | N | IIAMI FL 33125-9094 | | | 83 | | | | | |
| 11. Pursuant to the provisions of Sections 607 05:02 and 607 15:08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Horida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent familiar with, and accept the obligations of, Section 607.05:05, Florida Statutes. SIGNATURE Signature typed or protect name of regulated agent and titled agree able. (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND ORIC CIORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DP WEINSTEIN, PHILIP T. 12 NAME STREET ADDRESS CITY-ST-ZIP MAMI FL DELETE 21 TITLE DELETE 21 TITLE DELETE 21 TITLE DELETE 31 TITLE Change Additioname Additioname STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 TITLE Change Additioname Additioname STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 TITLE Change Additioname Additioname Additioname STREET ADDRESS CITY-ST-ZIP TITLE DELETE 14 TITLE Change Additioname Additioname Change Additioname Addi | | | | | R4 | City | | os 7ir | Code | |
| agont. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature byted or profest form to the despise and titled expise above. (NOTE Registered Agont signature required when reinstating). 12. OF FICERS AND ORE CLORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DP WEINSTEIN, PHILIP T. 12 NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL DELFIE 21 TITLE Additionable 22 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELFIE 3.1 TITLE Additionable 3.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE Additionable Additi | 1 | | | | " | Ony | Fi | _ 65 21 | 0000 | |
| 12. OFFICERS AND DIRECTORS TITLE DP DETERMINATION WEINSTEIN, PHILIP T. STREET ADDRESS CITY-ST-ZIP MIAMI FL DELFTE DELFT | agent. La | im lamiliar with, and accept the obli | igations of, Section 607.050 | 5, Florida Sta | stutes | i. | | of changing pointment a | its registered is registered | id I |
| TITLE | 12. | | | | | | | D DIRECTO | RS IN 12 | \neg |
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| CITY-ST-ZIP | STREET ADDRESS | | FL | 135 | TREFT | ADDRESS | | | | |
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| NAME 4.2 NAME | NAME | | | 4.2 | NAME | | | | | ŀ |

14. I 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 freediver or fusice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or overlap glazyment with an address.

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6 3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-\$T-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

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DELETE

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CITY-ST-ZIP

TITLE

CITY-S1-ZIP

Change

Addition

■ Addition

FILED

Mar 02 1998 8:00am

Secretary of State