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 # **P37287** **(0)**

1. Corporation Name
CURZON SECURITIES, INC.

Principal Place of Business
TWO WISCONSIN CIRCLE. SUITE 700
CHEVY CHASE MD 20815

Mailing Address
TWO WISCONSIN CIRCLE. SUITE 700
CHEVY CHASE MD 20815

3. Date Incorporated or Qualified: **01/28/1992**
3a. Date of Last Report: **02/17/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **52-1609515** ☐ 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

WARNER, JOHNATHAN
100 SE SECOND STREET
17 FLOOR
MIAMI FL 33131

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 607.1502, 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. Said 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(S) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PLOTNEK, HAROLD		1.2 NAME	
STREET ADDRESS	19667 TURNBERRY WAY #27J		1.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL		1.4 CITY-ST-ZIP	
TITLE	VC	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KAUFMAN, JAY		2.2 NAME	
STREET ADDRESS	7841 WHITERIM TERRACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD		2.4 CITY-ST-ZIP	
TITLE	VST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KAUFMAN, JAY		3.2 NAME	
STREET ADDRESS	7841 WHITERIM TERRACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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)(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: X JAY KAUFMAN VP X 2/20/96 (301) 961-1533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)