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FILED

Feb 04 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 # **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 20815-7013**

3. Date Incorporated or Qualified  
**01/28/1992**

3a. Date of Last Report  
**02/27/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

**Atrium Registered Agents, Inc.**

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

**1500 San Remo Avenue**

83

**Suite 125**

84 City

**Coral Gables**

**FL**

85 Zip Code

**33146**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/17/97*

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	<b>PLOTNEK, HAROLD</b>	
STREET ADDRESS	<b>19667 TURNBERRY WAY #27J</b>	
CITY-ST-ZIP	<b>AVENTURA FL</b>	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	<b>KAUFMAN, JAY</b>	
STREET ADDRESS	<b>7841 WHITERIM TERRACE</b>	
CITY-ST-ZIP	<b>POTOMAC MD</b>	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	<b>KAUFMAN, JAY</b>	
STREET ADDRESS	<b>7841 WHITERIM TERRACE</b>	
CITY-ST-ZIP	<b>POTOMAC MD</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>7520 Arrowood Road</b>
2.4 CITY-ST-ZIP	<b>Bethesda MD 20817</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>7520 Arrowood Road</b>
3.4 CITY-ST-ZIP	<b>Bethesda MD 20817</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]* **JAY KAUFMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/28/97*

Date

**301 961-1533**

Daytime Phone #

CR2E034 (9/96)