FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000007302 (2)**

1. Corporate Name

ENERGY SYSTEM MANAGEMENT, INC.

Principal Place of Business

PERLMAN AND FABER, P.A.
799 BRICKELL PLAZA, STE 900
MIAMI FL 33131
US

Mailing Address

PERLMAN AND FABER, P.A.
799 BRICKELL PLAZA, STE 900
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: **11/24/1992**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0372236**	☐ 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
7. This corporation's fees qualify for reduction under Section 215.20(2), Florida Statutes: ☐ Yes ☒ No	

21	22	23	24	25	26	27	28	29	30

9. Name and Address of Current Registered Agent

PERLMAN AND FABER, P.A.
799 BRICKELL PLAZA,
STE 900
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 607.1508, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Typed or Printed Name of Registered Agent and Title, if Applicable) _____ (Registered Agent (required if item 10 is completed)) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any)	
1 Title	PTD	1 Title	☐ Change ☐ Addition
1 Name	JAAR, ROGER	1 Name	
1 Street Address	2250 N.W. 93RD AVENUE	1 Street Address	
1 City-St-Zip	MIAMI FL 33172	1 City-St-Zip	
2 Title	S	2 Title	☐ Change ☐ Addition
2 Name	QUESADA, NANCY	2 Name	
2 Street Address	2250 N.W. 93RD AVENUE	2 Street Address	
2 City-St-Zip	MIAMI FL 33172	2 City-St-Zip	
3 Title		3 Title	☐ Change ☐ Addition
3 Name		3 Name	
3 Street Address		3 Street Address	
3 City-St-Zip		3 City-St-Zip	
4 Title		4 Title	☐ Change ☐ Addition
4 Name		4 Name	
4 Street Address		4 Street Address	
4 City-St-Zip		4 City-St-Zip	
5 Title		5 Title	☐ Change ☐ Addition
5 Name		5 Name	
5 Street Address		5 Street Address	
5 City-St-Zip		5 City-St-Zip	
6 Title		6 Title	☐ Change ☐ Addition
6 Name		6 Name	
6 Street Address		6 Street Address	
6 City-St-Zip		6 City-St-Zip	

14. I declare, I 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 report or supplemental 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 1 or Block 2 above, or I am attaching a separate block with the name, address, and relationship of each individual with at least one name and address.

SIGNATURE: _____ April 11, 1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — (Date) — (Telephone Number)

ROGER JAAR, President

0120037 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED
FILED
... 11:00
... OF STATE
... FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P92000007393 (1)

1. Corporation Name

PETER S. HELLER, P.A.

Principal Place of Business	Mailing Address
8603 S. DIXIE HIGHWAY 208 MIAMI FL 33143 US	8603 S. DIXIE HIGHWAY 208 MIAMI FL 33143 US

3. Date Incorporated or Qualified: 11/25/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21 / 2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / Suite, Apt. #, etc. — 27
City & State — 23 / City & State — 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0376626 — 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	10. Name and Address of New Registered Agent
PETER S. HELLER 8603 S. DIXIE HIGHWAY, SUITE 208 44 WEST FLAGLER ST MIAMI FL 33143	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 607.1508, 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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PST	1.1 TITLE	☐ Change ☐ Addition
NAME	HELLER, PETER S	1.2 NAME	
STREET ADDRESS	S DIXIE HWY, SUITE 208	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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(1)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 (Date) 305/284-8000 (Daytime Phone #)

0164630 CP