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 # P93000017719 (4)

1. Corporation Name
ALEC BRANDON COMPANY

Principal Place of Business	Mailing Address
1521 ALTON ROAD SUITE 238 MIAMI BEACH FL 33139 US	1521 ALTON ROAD SUITE 238 MIAMI BEACH FL 33139 US

2. Principal Place of Business	2a. Mailing Address
21 155 S. Miami Ave.	26 155 S. Miami Ave., PH-I.
Suite, Apt. #, etc. 22 PH-I	Suite, Apt. #, etc. 27 PH-I
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33130 · Country 25 USA	Zip 29 33130 · Country 30 USA

3. Date Incorporated or Qualified: 03/04/1993
3a. Date of Last Report: 03/28/1995
4. FEI Number: 65-0402704 ☐ 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

HARRIS, LISA
1521 ALTON ROAD
SUITE 238
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

E1 Name: Peter A. Cohen
E2 Street Address (P.O. Box Number is Not Acceptable): 155 S. Miami Ave., PH-I
E3
E4 City: Miami FL 85 Zip Code: 33130

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], Peter A. Cohen, Registered Agent — DATE: 4/24/96

12. OFFICERS AND DIRECTORS

TITLE	DPTS	☐ DELETE
NAME	HARRIS, LISA	
STREET ADDRESS	1521 ALTON ROAD, SUITE 238	
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	DPTS	☒ Change ☐ Addition
1.2 NAME	Peter A. Cohen	
1.3 STREET ADDRESS	155 S. Miami Ave., PH-I	
1.4 CITY-ST-ZIP	Miami, FL 33130	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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], Peter A. Cohen, President — 4/24/96 — (305) 358-9251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

CR2E034 (12/95)