FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000018505 (6)

WEISBERG AND KAINEN, P.A.

Principal Place of Business Mailing Address 1401 BRICKELL AVE. 1401 BRICKELL AVE. SUITE 800 SUITE 800 DO NOT WRITE IN THIS SPACE MIAM! FL 33131 MIAMI FL 33131 3. Date Incorporated or Qualified 03/11/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-1729424 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Inlangible 24 ☐ Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WEISBERG, ALAN L 1401 BRICKELL AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 800** 83 **MIAMI FL 33131** 84 City 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 Signature, typed or ponted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. DELETE TITLE 1.1 T(T) E ___ Change Addition NAME WEISBERG, ALAN L. 1.2 NAME 1401 BRICKELL AVE. SUITE 800 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33131-3554 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition ☐ Change TITLE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change ■ Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7/P DELETE Change Addition TITLE 5.1 TITLE NAME

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 if am an officer or director of the corporation of 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 of an exactment with an indirect.

5.3 STREET ADDRESS

63 STREET ADDRESS 64 DITY-ST-ZIP

5.4 CITY - ST - ZIP

6.1 TITLE

62 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

/12/98

305-374-5544

Change

Addition

FILED

Jan 23 1998 8:00am

Secretary of State