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

PROFIT CORPORATION ANNUAL REPORT



FILED Feb 18 1997 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Secretary of State

| DOCUI 1. Corporation JOSEPH | IS. ROSENBAUM, PA | 0035007 (2 | OF CORPORATIONS 2) | | |
|---|--|--|--|---|--|
| Principal Place of Business Mailing Address 2400 SOUTH DIXIE HIGHWAY 2400 SOUTH DIXIE HIGHWAY SUITE 105 SUITE 105 MIAMI FL 33133 MIAMI FL 33133-3141 | | | | | |
| | | | | 3. Date Incorporated or Qualified 05/12/1993 | 3a. Date of Last Report 05/01/1996 |
| 21 | lace of Business | 2a, Mailing Address 26 | | 4. FEI Number 65-0429614 | Applied For Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Z _i p | Country 25 | Zip 29 | Country 30 | This corporation has liability for Florida Statutes | intangible tax under s. 199.032, Yes No |
| | Name and Address of Currer | t Registered Agent | | 10. Name and Address of New Re | egistered Agent |
| office or ri | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig | of Florida, Such change v | was authorized by the corpo | orporation submits this statement for the ration's board of directors. I hereby acce | PL 85 Zip Code purpose of changing its registered in the appointment as registered |
| | Signature typed or printed name of registered age | int and title if applicable. | (NOTE Registered Agent signature re | quired when reinstating) | DATE |
| 12. | OFFICERS AN | D DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFI | CERS AND DIBECTORS IN 12 |
| TITLE | D | ☐ DELETE | 1 1 TITLE | | Change Addition |
| NAME | ROSENBAUM, JOSEPH S | | 12 NAME | | |
| STREET ADDRESS | -7831-SW-54TH-ST | | 1.3 STREET ADDRESS | 1400 b.W. 135 STRE | 47 |
| CITY-ST-ZIP | _MIAMI-FL-99143* | | | MIAMI, FLORIDA & | |
| TITLE | | ☐ DELETE | 2.1 TITLE | · | ☐ Change ☐ Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY - ST - ZIP TITLE | | DELETE | 2. 4 CITY - ST - ZIP 3.1 TITLE | | Change Addition |
| NAME | | SECETE | 3.1 MLE 3.2 NAME | | □ cuange □ Addition |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | 1 | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | |
| TITLE | | DELETE | | · | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-S1-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 | | T occurre | 5.4 CITY - ST - ZIP | | Change Addition |
| TITLE | | ☐ DELETE | | | Change Addition |
| NAME CERCET ADDRESS | | | 6.2 NAME | | |
| STREET ADDRESS | | _ | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ov certify that the information supplie | d with this filing does not d | 64 City-St-ZiP | ted in Section 119.07/3(ii) Florida Statute | es. I further certify that the |
| informatio Lam an of appears i | n indicated on this annual eport of s fficer or director of the corporation or n Block 12 or Block 13 i changed, o | supplemental annual repor the receiver by trustee en ron a ratta night with ar | t is true and accurate and the powered to execute this replacements. | ted in Section 119.07(3)(i), Florida Statute hat my signature shall have the same leo port as required by Chapter 607, Florida s | al effect as if made under oath; that Statules; and that my name |