

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000045603 (6)

1. Corporation Name
ROBERT HOLTZMAN & ASSOCIATES, INC.

Principal Place of Business

1450 MADRUGA AVE
#408
CORAL GABLES FL 33146
US

Mailing Address

1450 MADRUGA AVE
#408
CORAL GABLES FL 33146
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1993

4. FEI Number

65-0420887

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 8525 SW 148 TERR.

Suite, Apt. #, etc.

22

City & State

23 MIAMI FL

Zip

24 33158

Country

25 USA

2a. Mailing Address

26 8525 SW 148 TERR.

Suite, Apt. #, etc.

27

City & State

28 MIAMI FL

Zip

29 33158

Country

30 USA

9. Name and Address of Current Registered Agent

SIMONS, BARRY L ESQ.
2665 SOUTH BAYSHORE DRIVE
PENHOUSE 1-A
MIAMI FL 33133

81 Name

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

9700 S. DIXIE HIGHWAY

83

SUITE 1030

84

City MIAMI

FL

85 Zip Code 33156

10. Name and Address of New Registered Agent

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HOLTZMAN, ROBERT
STREET ADDRESS 1450 MADRUGA AVE., #408
CITY-ST-ZIP CORAL GABLES FL

TITLE SD ☐ DELETE

NAME HOLTZMAN, MARY JO
STREET ADDRESS 1450 MADRUGA AVE., #408
CITY-ST-ZIP CORAL GABLES 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

8525 SW 148 TERRACE
MIAMI, FL 33158

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

8525 SW 148 TERRACE
MIAMI, FL 33158

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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:

2/12/98 305-381-6500

CR2E034 (10/97)