SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995 8-8-95 B. 8141

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 AM 11:28

DOCUMENT # P93000061002 (0)

1. Corporation Name

LINDA M. KAPLAN, P.A.

Principal Place of Business	Mailing Address
~~4TH FLOOR, GABLES SQUARE~~ ~~75 VALENCIA AVE.~~ ~~CORAL GABLES FL 33134~~	9200 S. Dadeland Blvd Suite 412 ~~4TH FLOOR, GABLES SQUARE~~ ~~75 VALENCIA AVE.~~ ~~CORAL GABLES FL 33134~~ Miami FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/27/1993	04/22/1994

2. Principal Place of Business	2a. Mailing Address
21 9200 S. Dadeland Blvd	26 none
Suite, Apt. #, etc. 22 # 412	Suite, Apt. #, etc. 27 ap 2
City & State 23 Miami FL	City & State 28
Zip 24 33156 County 25 Dade	Zip 29 County 30

4. FEI Number	Applied For / Not Applicable
65-0440984	

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
KAPLAN, LINDA M ~~4TH FLOOR, GABLES SQUARE~~ ~~75 VALENCIA AVE.~~ ~~CORAL GABLES FL 33134~~	81 Name: Kaplan, LINDA M 82 Street Address (P.O. Box Number Is Not Acceptable): ~~9200~~ 9200 S. Dadeland Blvd. 83 Suite 412 84 City: Miami FL 85 Zip Code: 33156

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] 8/3/95
Signature required for printed name of registered agent and that it may be changed. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition D/P/T
NAME	KAPLAN, LINDA M	12 NAME	Kaplan, LINDA M
STREET ADDRESS	~~4TH FLOOR, GABLES SQUARE, 75 VALENCIA AVE.~~	13 STREET ADDRESS	9200 S. Dadeland Blvd # 412
CITY ST ZIP	~~CORAL GABLES FL 33134~~	14 CITY ST ZIP	Miami FL 33156
TITLE	Marvin Kaplan, Esq.	21 TITLE	☐ Change ☐ Addition
NAME	9200 South Dadeland Blvd.	22 NAME	
STREET ADDRESS	Suite 412	23 STREET ADDRESS	
CITY ST ZIP	Miami, FL 33156	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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 above, or on an attachment with an address.

SIGNATURE: [signature] Pres. 6-3-95 305 620-1700
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0042262 CP