

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000085262 (2)

1. Corporation Name

ADLER MANAGEMENT COMPANY

Principal Place of Business

2601 S BAYSHORE DR
SUITE 1475
COCONUT GROVE FL 33133

Mailing Address

2601 S BAYSHORE DR
SUITE 1475
COCONUT GROVE FL 33133

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/09/1993	3a. Date of Last Report 04/19/1994
4. FEI Number 65-0454596	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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

ROBBINS, CHARLES D
1 SE 3 AVE
24TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 FL	B6 Zip Code
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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 of registered agent

Signature typed or printed name of registered agent and title of registered agent

Signature

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DP ☒ Change ☐ Addition
NAME	ADLER, DAVID	1.2 NAME	David C. Adler
STREET ADDRESS	2601 S BAYSHORE DR SUITE 1475	1.3 STREET ADDRESS	2601 S. Bayshore Dr., Suite 1475
CITY, ST, ZIP	COCONUT GROVE FL 33133	1.4 CITY, ST, ZIP	Coconut Grove, FL 33133
TITLE		2.1 TITLE	DVPT ☐ Change ☒ Addition
NAME		2.2 NAME	Luis Rabell
STREET ADDRESS		2.3 STREET ADDRESS	2601 S. Bayshore Dr., Suite 1475
CITY, ST, ZIP		2.4 CITY, ST, ZIP	Coconut Grove, FL 33133
TITLE		3.1 TITLE	VP ☐ Change ☒ Addition
NAME		3.2 NAME	Irwin M. Adler
STREET ADDRESS		3.3 STREET ADDRESS	2601 S. Bayshore Dr., Suite 1475
CITY, ST, ZIP		3.4 CITY, ST, ZIP	Coconut Grove, FL 33133
TITLE		4.1 TITLE	S ☐ Change ☒ Addition
NAME		4.2 NAME	Jacqueline Coleman
STREET ADDRESS		4.3 STREET ADDRESS	2601 S. Bayshore Dr., Suite 1475
CITY, ST, ZIP		4.4 CITY, ST, ZIP	Coconut Grove, FL 33133
TITLE		5.1 TITLE	AS ☐ Change ☒ Addition
NAME		5.2 NAME	Charles D. Robbins
STREET ADDRESS		5.3 STREET ADDRESS	One S.E. 3rd Ave., 25th Floor
CITY, ST, ZIP		5.4 CITY, ST, ZIP	Miami, FL 33131
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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)(b), 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:

Charles D. Robbins

7/15/95

(305) 995-5650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles D. Robbins, Assistant Secretary