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

FILED
95 APR 11 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000085621 (9)**

1. Corporation Name
MEL ADLER & ASSOCIATES, INC.

Principal Place of Business
~~3825 N COUNTRY CLUB DR #1010~~
~~MIAMI FL 33100~~
18031 BISCAYNE BLVD.
SUITE 1702 TOWER 3 SOUTH
NO. MIAMI BEACH, FL 33160

Mailing Address
P O BOX 800351
MIAMI FL 33280
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1993
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business
21 18031 BISCAYNE BLVD
Suite, Apt. #, etc.
22 SUITE 1702 TOWER 3 SOUTH
City & State
23 NO. MIAMI BEACH, FL
Zip 24 33160 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: 65-0462326 — 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

9. Name and Address of Current Registered Agent
MILLOR, TRAGER & ASSOC
1800 NE 171 STR
NO MIAMI BCH FL 33026

10. Name and Address of New Registered Agent
81 Name: ROSS TRAGER CPA, PA
82 Street Address (P.O. Box Number is Not Acceptable): 1000 NO. HIATUS RD.
83 SUITE 110
84 City: PEMBROKE PINES FL 85 Zip Code: 33026

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: Mel Adler, PRES. — 3-18-95
(Type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required where applicable) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ADLER, MELVIN S
STREET ADDRESS	~~3825 N COUNTRY CLUB DR~~ 18031 BISCAYNE BLVD
CITY ST ZIP	~~MIAMI FL 33100~~ SUITE 1702 TOWER 3 SO. NO. MIAMI BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	☒ Change ☐ Addition
1 2 NAME	18031 BISCAYNE BLVD.
1 3 STREET ADDRESS	SUITE 1702 TOWER 3 SO
1 4 CITY ST ZIP	NO. MIAMI BEACH, FL 33160
2 1 TITLE	☐ Change ☐ Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY ST ZIP	
3 1 TITLE	☐ Change ☐ Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY ST ZIP	
4 1 TITLE	☐ Change ☐ Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY ST ZIP	
5 1 TITLE	☐ Change ☐ Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY ST ZIP	
6 1 TITLE	☐ Change ☐ Addition
6 2 NAME	
6 3 STREET ADDRESS	$ DEPOSITED BY SAMC RC
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)(k), 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: Mel Adler, Pres. — 3-18-95 — 305-245-3457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

043820 FP