FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED FL-1097

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P94000002646 (5)

1. Corporation Name
KEROST IX, INC.

Principal Place of Business
7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES FL 33016

Mailing Address
7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES FL 33016

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/11/1994
3a. Date of Last Report:

4. FEI Number: 65-0457471 — 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 [X] Yes ☐ No
FILES UNDER FEIN #22-1039750

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

9. Name and Address of Current Registered Agent

BRAFMAN, HOWARD J
7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES FL 33016

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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	D
NAME	BRAFMAN, HOWARD J
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST
CITY-ST-ZIP	MIAMI LAKES FL 33016
TITLE	D
NAME	KISLAK, JAY I
STREET ADDRESS	C/O 7900 MIAMI LAKES DRIVE WEST
CITY-ST-ZIP	MIAMI LAKES FL 33016
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

11 TITLE	D/V/S	☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	D/P	☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME	REMITTED BY MAY 1	
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	5/1/95 NB	☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP	FF Deposited By Bank	

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: [signature] April 21, 1995 (305) 364-4213
HOWARD J. BRAFMAN, VICE PRESIDENT
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #