SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, ENHANCED AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
1995 JUL 13 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000008705 (3)

1. Corporation Name
THE CHARLES D. BENJAMIN GROUP, INC.

Principal Place of Business	Mailing Address
100 SE 2ND ST. SUITE 3940 MIAMI FL 33131	100 SE 2ND ST. SUITE 3940 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/24/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 ONE FINANCIAL PLAZA	26 ONE FINANCIAL PLAZA
Suite, Apt. #, etc. 22 2600	Suite, Apt. #, etc. 27 2600
City & State 23 FT LAUDERDALE FL	City & State 28 FT LAUDERDALE FL
Zip / Country 24 33394-1697 25 USA	Zip / Country 29 33394-1697 30 USA

4. FEI Number: 65-0459410 ☐ 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	10. Name and Address of New Registered Agent
MITCHEL, STEVEN J ESQ. 2700 MUSEUM TOWER 150 W. FLAGLER ST. MIAMI FL 33130	81 Name: MITCHEL, STEVEN J. ESQ. 82 Street Address (P.O. Box Number is Not Acceptable): 100 SE 2ND STREET 83: 2990 84 City: MIAMI FL 85 Zip Code: 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	BENJAMIN, CHARLES D	1.2 NAME	BENJAMIN, CHARLES D.
STREET ADDRESS	100 SE 2ND ST., SUITE 3940	1.3 STREET ADDRESS	ONE FINANCIAL PLAZA STE 2600
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	FT LAUDERDALE, FLA 33394-1697
TITLE		2.1 TITLE	VICE PRESIDENT ☐ Change ☒ Addition
NAME		2.2 NAME	MARGARET D. BENJAMIN
STREET ADDRESS		2.3 STREET ADDRESS	ONE FINANCIAL PLAZA STE 2600
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FT LAUDERDALE FLA 33394-1697
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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] 6/9/95 (305) 522-2277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034469 CP