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

APPROVED AND FILED

95 MAR -6 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000028273 (8)

1. Corporate Name
GEIGER, KASDIN, HELLER & KUPERSTEIN, P.A.

Principal Place of Business
1110 BRICKELL AVE.
7TH FLOOR
MIAMI FL 33131

Mailing Address
1110 BRICKELL AVE.
7TH FLOOR
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/13/1994
3a. Date of Last Report:

2. Principal Place of Business
21 1428 Brickell AVE
Suite, Apt. #, etc.
22 Suite 600
City & State
23 Miami, FL
Zip 24 33131 Country 25

2a. Mailing Address
26 1428 Brickell AVE
Suite, Apt. #, etc.
27 Suite 600
City & State
28 Miami, FL
Zip 29 33131 Country 30

4. FEI Number: 65-0488358 ☐ 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

GEIGER, ROBERT S
1110 BRICKELL AVE.
7TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1428 Brickell AVE
83 Suite 600
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: V [signature] (NOTE: Registered Agent signature required where mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	Robert S. Geiger	12 NAME	
STREET ADDRESS	1428 Brickell AVE, Suite 600	13 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	JONATHAN HELLER	22 NAME	
STREET ADDRESS	1428 Brickell AVE, Suite 600	23 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	STANLEY H. KUPERSTEIN	32 NAME	
STREET ADDRESS	1428 Brickell AVE, Suite 600	33 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	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	

14. To the best of my knowledge, 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 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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: V [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STANLEY H. KUPERSTEIN

Date Daytime Phone #

0150107 CP