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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

'95 MAR -3 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000030787 (3)

1. Corporation Name
JONATHAN L. BLUM & COMPANY, INC.

Principal Place of Business	Mailing Address
2909 SEGOVIA STREET CORAL GABLES FL 33134	2909 SEGOVIA STREET CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 04/22/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1172 S. DIXIE HIGHWAY	26 1172 S. DIXIE HIGHWAY
Suite, Apt. #, etc. 22 SUITE 501	Suite, Apt. #, etc. 27 SUITE 501
City & State 23 CORAL GABLES, FL	City & State 28 CORAL GABLES, FL
Zip 24 33146 Country 25 USA	Zip 29 33146 Country 30 USA

4. FEI Number: 65-0485542 ☐ 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
BLUM, JONATHAN L 2909 SEGOVIA STREET CORAL GABLES FL 33134	81 Name JONATHAN L. BLUM 82 Street Address (P.O. Box Number is Not Acceptable) 1172 S. DIXIE HIGHWAY 83 SUITE 501 84 City CORAL GABLES FL 85 Zip Code 33146

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], PRES. JONATHAN L. BLUM, PRESIDENT 2/20/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	D/P ☒ Change ☐ Addition
NAME	BLUM, JONATHAN L	1 2 NAME	BLUM, JONATHAN L.
STREET ADDRESS	2909 SEGOVIA STREET	1 3 STREET ADDRESS	1172 S. DIXIE HIGHWAY SUITE 501
CITY-ST-ZIP	CORAL GABLES FL 33134	1 4 CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
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	

14. I 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)(i), 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] PRESIDENT JONATHAN L. BLUM 2/20/95 (305)542-5149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0139063 CP