FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000056642 (9)**

1. Corporation Name

DREXEL ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1111 LINCOLN RD. SUITE 500 MIAMI BEACH FL 33139	1111 LINCOLN RD. SUITE 500 MIAMI BEACH FL 33139

2. Principal Place of Business	2a. Mailing Address
21 1674 Meridian Ave.	26 1674 Meridian Ave
Suite, Apt. #, etc. 22 Suite #208	Suite, Apt. #, etc. 27 Suite #208
City & State 23 Miami Beach, FL	City & State 28 Miami Beach, FL
Zip 24 33139 25 Country	Zip 29 33139 30 Country

3. Date Incorporated or Qualified: **07/27/1994**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0507823** ☐ Applied For ☐ Not Applicable

5. Certificate of Status is 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

DANIELS, NICHOLAS M
1111 LINCOLN RD.
SUITE 500
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name: DREXEL ASSOC. INC.
82 Street Address (P.O. Box Number is Not Acceptable): 1674 MERIDIAN AVE # 208
83
84 City: M. BEACH FL 85 Zip Code: 33139

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] DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	GLUECKMANN, FERDINAND	
STREET ADDRESS	1920 SOUTH OCEAN DR., #3A	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	☐ DELETE
NAME	DUNAEVSKY, DOV	
STREET ADDRESS	1920 SOUTH OCEAN DR., #3A	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	☐ DELETE
NAME	MELAMED, JACOB	
STREET ADDRESS	1920 SOUTH OCEAN DR., #3A	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	☐ DELETE
NAME	GLASWAND, HERMAN	
STREET ADDRESS	1920 SOUTH OCEAN DR., #3A	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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		
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)(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 added by this amendment with an address.

SIGNATURE: [signature] 3/22/96 305-532-9551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

E. GLUECKMANN

CR2E034 (12/95)