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 # P94000085967 (5)

1. Corporation Name

OCEAN DRIVE MANAGEMENT & CONSULTING, INC.

Principal Place of Business	Mailing Address
6962 COLLINS AVE SUITE 126 MIAMI BEACH FL 33141	6962 COLLINS AVE SUITE 126 MIAMI BEACH FL 33141

3. Date Incorporated or Qualified	3a. Date of Last Report
11/28/1994	04/13/1995

4. FEI Number	Applied For / Not Applicable
59-0541326	

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
21	**26**		
Suite, Apt. #, etc. **22** *5700 Collins Ave (N*	Suite, Apt. #, etc. **27** *5700 Collins Avenue #8H*	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State **23** *MIAMI BEACH FL*	City & State **28** *Miami Beach, FL*	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
Zip **24** *33140* Country **25** *US*	Zip **29** *33140* Country **30** *U.S*		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GABLE, MICHAEL P 4000 HOLLYWOOD BLVD SUITE 735 HOLLYWOOD FL 33021	**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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **DPST** NAME **KANN, THOMAS M** STREET ADDRESS **6962 COLLINS AVE SUITE 126** CITY-ST-ZIP **MIAMI BEACH FL 33141**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒ Change ☐ Addition *5700 Collins Avenue, Suite 8H* *Miami Beach, FL 33140*
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing, 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: _____ *April 18, 1996*   (305) 868-0123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #