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

FILED
Secretary of State
1996-05-01

DOCUMENT # **P95000000256 (4)**

1. Corporation Name

CHUDNOVSKY & MARX, P.A.

Principal Place of Business	Mailing Address
300 BISCAYNE BOULEVARD WAY DUPONT PLAZA CENTER SUITE 701 MIAMI FL 33131	300 BISCAYNE BOULEVARD WAY DUPONT PLAZA CENTER SUITE 701 MIAMI FL 33131

3. Date Incorporated or Qualified: 01/01/1995
3a. Date of Last Report:

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: X 65-055 9855 ☐ 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

MARX, JAMES
150 S.E. SECOND AVENUE
SUITE 500
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: MARIA MARX
82 Street Address (P.O. Box Number is Not Acceptable): 2451 BRICKELL Ave.
83: Apt. 20-U
84 City: Miami FL 85 Zip Code: 33129

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] MARIA MARX DATE: 4/23/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D, P, T ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DR. ARIEL CHUDNOVSKY	1.2 NAME	
STREET ADDRESS	50 N. Hibiscus Drive	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, FL 33139	1.4 CITY-ST-ZIP	
TITLE	D, V.P., S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DR. MARIA MARX	2.2 NAME	
STREET ADDRESS	2451 Brickell Ave, 20-U	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33129	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	500001807725
STREET ADDRESS		5.3 STREET ADDRESS	-05/06/96--01004--016
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***200.00
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	5-1-96
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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] MARIA MARX, V.P. 4/23/96 305/371-6064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #