## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

| OCUM<br>Corporation (  | MENT #   | 1 3300   | 0018397  | · •  | i i  |                                    |                               |   |
|--|--|--|--|--|--|------------------------------------|-------------------------------|---|
| •  | ROPERTIES  | , INC.   |  |  |  |                                    |                               |   |
| rincipal Place o   | of Business  |  | Mailing Address  |  | 1 1001/104/1 111 (B/II   | I BISH BRIS FRID I                 | TOTAL POST INDA               |   |
| RIVERGATE PLAZA. SUITE 300 444 BRICKELL AVE. MIAMI FL 33131  |  |  | RIVERGATE PLAZA. SUITE 300<br>444 BRICKELL AVE.<br>MIAMI FL 33131  |  | 3. Date incorporated   | Date Incorporated or Qualified     |                               |   |
|  |  |  |  |  | 03/07/1995   |                                    |                               |   |
| Principal Plac   | ce of Business   |  | 2a. Maling Address   | ET MERKIN  | 4. FEI Number  |                                    |                               | X Applied For<br>Not Applicabl                                  |
| Suite, Apt. #.   | , etc.   |  | Suite, Apt. #, etc   | in mercen  | 5. Certificate of Status   | n Donirod                          |                               | \$8.75 Additional   |
| <u> </u>   |  |  | 27 444 BRIC  | KEU AVE. #3  |  |                                    | <u> </u>                      | Fee Required  |
| City & State   |  |  | City & State   | i FL   | 6. Election Campaign Trust Fund Contrib                              |                                    |                               | \$5.00 May Be<br>Added to Fees                                  |
| Zip  |  | Country  | Zip  | Country A  | 8. This corporation ha   |                                    |                               | under s 199.032,  |
| L  | 25   | Address of Curren  | 29 33/3/<br>nt Registered Agent  | 30 USA   | Florida Statutes  10. Name and Addre                                 | Yes                                | / <b>&gt;</b>                 | nent  |
| -  | 9. Maille allu   | Address of Odirer  | it neglatered Agent  | 81 Name  |  |                                    | •                             |   |
| MERKIN.  | , STEWART A  |  |  | B2 Street A  | Address (P.O. Box Number is I  | Not Acceptable                     | 9)                            |   |
|  | CKELL AVE.   |  |  |  |  |                                    | ·                             |   |
| SUITE 3  |  |  |  | 83   |  |                                    |                               |   |
| MIAMI F  | L 33131  |  |  | 84 City  | .,   |                                    |                               | 85 Zip Code   |
|  |  |  |  |  |  |                                    | FL                            |   |
| or registere   | ed agent, or both  | n. in the State of Flori   | 2 and 607.1508, Florida Sta<br>ida, Such change was auth<br>tion 607.0505, Florida Stati                               | iorized by the corporation s   | rporation submits this stateme<br>board of directors. I hereby ac    | int for the purp<br>cept the appoi | ose of chan<br>intment as re  | egistered agent. I am   |
| or registere<br>familiar with<br>IGNATURE:   | ed agent, or both<br>h, and accept th<br>Signature, typed or prin  | n, in the State of Flori<br>e obligations of, Sec<br>ited name of registered agen  | ida, Such change was auth<br>tion 607.0505, Florida Stati<br>i: and title if applicable<br>ID DIRECTORS                | iorized by the corporation s   | poured when reinstaling.  ADDITIONS/CHAN                             | GES TO OFFIC                       | DATE<br>CERS AND D            | DIRECTORS IN 12   |
| or registere<br>familiar with<br>IGNATURE:   | ed agent, or both<br>h, and accept th<br>Signature, typed or prin  | n, in the State of Flori<br>e obligations of, Sec<br>lited name of registered agen<br>OFFICERS AN  | ida, Such change was auth<br>tion 607.0505, Florida Stati<br>i: and tiev if applicable                                 | INOTE: Registered Agent signature in  1.1 TifLE  | aguirec when renstating.  ADDITIONS/CHAN                             | GES TO OFFICE                      | DATE<br>CERS AND D            | egistered agent. Fairs  |
| or registere familiar with IGNATURE  | ed agent, or both<br>h, and accept th<br>Signature, typed or prin<br>D<br>JABLAN, F                            | n, in the State of Hore<br>e obligations of, Sec<br>inted name of registered agen<br>OFFICERS AN   | ida, Such change was auth<br>tion 607.0505, Florida Stati<br>i: and title if applicable<br>ID DIRECTORS                | INOTE: Registered Agent signature in  13.  1.1 TiffLE  12 NAME   | aguired when reinstating.  ADDITIONS/CHAN                            | GES TO OFFICE                      | DATE CERS AND [               | DIRECTORS IN 12   |
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STENART A MELLIN ASST. SEIR / 1/19/16 (305) 356-SEON)
SIGNING OFFICER OR DIRECTOR

Date Date Date Director