

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000034502 (1)

1. Corporation Name

ALAN H. ARONSON, P.A.

Principal Place of Business

770 CLAUGHTON DR  
SUITE 1203  
MIAMI FL 33131  
US

Mailing Address

770 CLAUGHTON DR  
SUITE 1203  
MIAMI FL 33131-2626  
US

3. Date Incorporated or Qualified

05/03/1995

3a. Date of Last Report

04/23/1996

4. FEI Number

65-0577268

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

ARONSON, ALAN H.  
ONE SOUTHEAST THIRD AVE 28TH FLOOR  
SUITE 3000  
MIAMI FL 33131

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME            | STREET ADDRESS              | CITY-ST-ZIP | DELETE                   |
|-------|-----------------|-----------------------------|-------------|--------------------------|
| PD    | ARONSON, ALAN H | 770 CLAUGHTON DR SUITE 1203 | MIAMI FL    | <input type="checkbox"/> |
| TITLE | NAME            | STREET ADDRESS              | CITY-ST-ZIP | DELETE                   |
| TITLE | NAME            | STREET ADDRESS              | CITY-ST-ZIP | DELETE                   |
| TITLE | NAME            | STREET ADDRESS              | CITY-ST-ZIP | DELETE                   |
| TITLE | NAME            | STREET ADDRESS              | CITY-ST-ZIP | DELETE                   |
| TITLE | NAME            | STREET ADDRESS              | CITY-ST-ZIP | DELETE                   |
| TITLE | NAME            | STREET ADDRESS              | CITY-ST-ZIP | DELETE                   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|-----------------|--------------------------|--------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do hereby certify that the information supplied with this filing 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, I changed, or on an attachment with an address.

SIGNATURE:

*Alan H. Aronson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/97 305-982-5662  
Date Daytime Phone #

CR2E034 (9/96)