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 # P95000043927

1. Corporation Name
OCARIZ GITLIN & COMPANY, P.A.

Principal Place of Business	Mailing Address
2151 LeJeune Road Suite #312 Coral Gables, FL 33134	2151 LeJeune Road Suite #312 Coral Gables, FL 33134

3. Date Incorporated or Qualified: 6/7/95
3a. Date of Last Report:

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

4. FEI Number: 65-0586551 ☐ 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

Hiram Ocariz
3211 Ponce de Leon Blvd.
Coral Gables, FL 33134

10. Name and Address of New Registered Agent

81 Name: HIRAM OCARIZ
82 Street Address (P.O. Box Number is Not Acceptable): 2151 LeJeune Road, Suite #312
83
84 City: Coral Gables FL 85 Zip Code: 33134

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] HIRAM OCARIZ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	Hiram Ocariz	1.2 NAME	
STREET ADDRESS	3211 Ponce de Leon Blvd.	1.3 STREET ADDRESS	2151 LeJeune Road, Suite #312
CITY-ST-ZIP	Coral Gables, FL 33134	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	Vice-President/Secretary ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	Mark Gitlin	2.2 NAME	
STREET ADDRESS	3211 Ponce de Leon Blvd.	2.3 STREET ADDRESS	2151 LeJeune Road, Suite #312
CITY-ST-ZIP	Coral Gables, FL 33134	2.4 CITY-ST-ZIP	Coral Gables, FL 33134
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	700001737777
STREET ADDRESS		5.3 STREET ADDRESS	-03/08/96--01110--010
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***200.00
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
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] HIRAM OCARIZ FEB 21 1996 (305)444-8288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SG 3-8-96