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**PROFIT** CORPORATION ANNUAL REPORT



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

1996

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SCHARF SCHAK INC. Principal Place of Business Mailing Address 2000 SOUTH DIXIE HIGHWAY 2000 SOUTH DIXIE HIGHWAY SUITE 200 SUITE 200 MIAMI FL 33133 MIAMI FL 33133 3. Date incorporated or Qualified 3a. Date of Last Report 06/15/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State Oty & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes No Zю Country 2m24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LITMAN, NEAL S 82 Street Address (P.O. Box Number is Not Acceptable) 2000 SOUTH DIXIE HIGHWAY 83 SUITE 200 **MIAMI FL 33133** City 85 Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statistics, the at or registered agent, or both, in the State of Floridal Such change was authorize Hey find familiar with, and accept the obligations of, Section 607.0505, Florida Statutes we named corporation submits this statement for the purpose of changing its registered office opporation's board of directors. Thereby accept the appointment as registered agent. Lam Standard Median profession erafter esterest auc dia unit établic ab-12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition TITLE DELETE MELIADDRESS 1411 NE 129 ST. SCHARF, KENNY NAME 1411 N.E. 129TH ST. STREET ADDRESS NORTH MIAMI FL 33166 NO. MIAMI FL 33161 CITY - ST - ZIP DELETE THILE 2 NAME SCHARF MARIA TEREZA GONCALVES HEET ADDRESS GUGG PINCETREE LANG STREET ADDRESS 3141 □ Change CITY-ST-ZIP MIAMI BEACH FZ Add tion TITLE □ DELETE NAME STREET ADDRESS REEL ADORESS CITY - ST - 7IP 1Y - \$1 - ZIP TITLE DELETE Change Addition 1LE NAME Mt STREET AUDRESS REEL ADDRESS CITY-ST-ZIP Addition DELETE TITLE NAME AF. STREET ADDRESS EE1 ADDRESS CITY-ST-ZIP r - ST - ZIP THILE DELETE Change Addition NAME STREET ADDRESS EFT ADDRESS r - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished as ides not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

SIGNATURE:

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR

certify that the information indicated on this annual report or supplemental annual repo oath; that I am an officer or director of the corporation or the receiver or trusted empo

appears in Block 12 or Block 13 it changed, or on an attachment with an address

true and accurate and that my signature shall have the same legal effect as if made under ad to execute this report as required by Chapter 607, Florida Statutes; and that my name

CR2E034 (12/95)