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

**FILED** Apr 15 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # P95000046446 (7) SCHARF SCHAK INC. Principal Place of Business Mailing Address 2000 SOUTH DIXIE HIGHWAY 2000 SOUTH DIXIE HIGHWAY SUITE 200 Suite 200 DO NOT WRITE IN THIS SPACE MIAMI FL 33133 MIAMI FL 33133 3. Date Incorporated or Qualified 06/15/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1411 NE 12917H 1411 NE 129TH ST. 13-3837154 Not Applicable Suite, Apt. #, etc \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be JORTH MIAMI Trust Fund Contribution Added to Fees 33161 Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LITMAN, NEAL S 2000 SOUTH DIXIE HIGHWAY Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 200 83 **MIAMI FL 33133** 84 City 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 eignature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. 13. DELETE Addition Change TITLE 1.1 TITLE SCHARF, KENNY NAME 1.2 NAME 1411 N.E. 129TH ST. STREET ADDRESS 1.3 STREET ADDRESS **NORTH MIAMI FL 33161** CITY ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE Change TITLE SCHARF, MARIA TEREZA G 2.2 NAME NAME 6666 PINETREE LANE 2.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP

14. I hereby certify that the Information supplied with this filling 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 furstee 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.

5.1 TITLE 5.2 NAME

61 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

(305) 893 76.04

Change

Change

Addition

Addition