

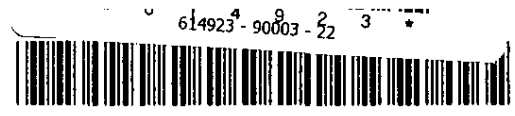
COND-NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 14, 1999 8:00 am
Secretary of State
09-14-1999 90003 022 ***150.00

OCUMENT # P95000061139
Corporation Name
RICHARD E. MIRSKY, P.A.



Principal Place of Business
PONCE DE LEON BLVD. SUITE 810
MIAMI, FL 33100
2525 SW 3RD AVE. Suite 412
MIAMI, FL 33129

Mailing Address
17436 SW 29 00TH
MIRAMAR FL 33029
2525 SW 3RD AVE
Suite 412
MIAMI, FL 33129

Principal Place of Business
2525 SW 3RD AVE
Suite, Apt. #, etc.
SUITE 412
City & State
MIAMI, FL
Zip
33029
Country
USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/08/1995

4. FEI Number
65-0600954

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MIRSKY, RICHARD E
11863 S.W. 90TH TERRACE
MIAMI FL 33100
2525 SW 3RD AVE #412
MIAMI, FL 33129

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	1.2 NAME		
<input type="checkbox"/> DELETE	1.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	2.2 NAME		
<input type="checkbox"/> DELETE	2.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	3.2 NAME		
<input type="checkbox"/> DELETE	3.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	4.2 NAME		
<input type="checkbox"/> DELETE	4.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	5.2 NAME		
<input type="checkbox"/> DELETE	5.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	6.2 NAME		
<input type="checkbox"/> DELETE	6.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP		

I 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 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED
8-9-99 205-858-5667

CR2E034 (5/99)

Richard E. Mirsky, P.A.

Attorney at Law

2525 SW 3RD AVE. SUITE 412
MIAMI FL. 33129

PHONE (305) 858-5667
FAX (305) 858-2969

P97000061139

614923-90003-22

September 8, 1999

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To whom it may concern:

Enclosed please find a check in the amount of \$150.00 dollars for our 1999 Annual Filing Fee. Previous notice was inadvertently sent to our old mailing address and was never received.

Please note our new address:

2525 SW 3rd avenue
Suite 412
Miami, FL 33129

Please send all future correspondence to the above-mentioned address. In light of the circumstances please wave the late fee and accept our check for \$150.00 dollars.

Thank you for your prompt attention to this matter.

Sincerely,



Richard E. Mirsky
President

RM/am