FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 CMRRR # Z 167 562 932

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000072448 (0)

1. Corporation Name
LONG-TERM GROWTH ASSOCIATES, INC.

Principal Place of Business
[redacted]

Mailing Address
[redacted]

3. Date Incorporated or Qualified: 09/14/1995
3a. Date of Last Report:

2. Principal Place of Business
21 201 S. Biscayne Blvd.
Suite, Apt. #, etc.
22 Suite 2950
City & State
23 Miami, FL
Zip 24 33131 Country 25 USA

2a. Mailing Address
26 201 S. Biscayne Blvd
Suite, Apt. #, etc.
27 Suite 2950
City & State
28 Miami, FL
Zip 29 33131 Country 30 USA

4. FEI Number: 65-0616597 ☐ 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**

BRONSON, STEVEN N
~~2101 WEST COMMERCIAL BLVD.~~
[redacted]
~~FT LAUDERDALE FL 33309~~

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Blvd.
83 Suite 2950
84 City Miami FL 85 Zip Code 33131

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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	President	☐ Change ☒ Addition
NAME	BRONSON, STEVEN N		1.2 NAME	Bronson, Steven N.	
STREET ADDRESS	~~2101 W. COMMERCIAL BLVD. SUITE 1500~~		1.3 STREET ADDRESS	201 S. Biscayne Blvd., Suite 2950	
CITY-ST-ZIP	~~FT. LAUDERDALE FL 33309~~		1.4 CITY-ST-ZIP	Miami, FL 33131	
TITLE	D	☐ DELETE	2.1 TITLE	Exec. Vice President	☐ Change ☒ Addition
NAME	BARBER, BRUCE C		2.2 NAME	Cassel, James S.	
STREET ADDRESS	2101 W. COMMERCIAL BLVD. SUITE 1500		2.3 STREET ADDRESS	201 S. Biscayne Blvd., Suite 2950	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		2.4 CITY-ST-ZIP	Miami, FL 33131	
TITLE		☐ DELETE	3.1 TITLE	Vice President	☐ Change ☒ Addition
NAME			3.2 NAME	Barber, Bruce C.	
STREET ADDRESS			3.3 STREET ADDRESS	2101 W. Commercial Blvd., Suite 1500	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE		☐ DELETE	4.1 TITLE	Secretary/Treasurer	☐ Change ☒ Addition
NAME			4.2 NAME	Booth, Barry J.	
STREET ADDRESS			4.3 STREET ADDRESS	201 S. Biscayne Blvd., Suite 2950	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Miami, FL 33131	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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		

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: ______ 4/30/96 (305) 536-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)