

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90133 024 ***150.00

DOCUMENT # P95000073772

1. Corporation Name
AELION & LOREN, P.A.

Principal Place of Business
152 NORTHEAST 167TH STREET
5TH FLOOR
NORTH MIAMI BEACH FL 33162

Mailing Address
152 NORTHEAST 167TH STREET
5TH FLOOR
NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1995

4. FEI Number
65-0612971

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1506 Northeast 162nd Street

26 1506 Northeast 162nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 North Miami Beach, FL 33162

27 City & State
28 North Miami Beach FL

24 Zip 33162 25 Country

29 Zip 33162 30 Country

9. Name and Address of Current Registered Agent

LOREN, JAMES
152 NE 167TH STREET
5TH FLOOR
NORTH MIAMI FL 33162

10. Name and Address of New Registered Agent

81 Name David M. Helion
82 Street Address (P.O. Box Number is Not Acceptable)
1506 Northeast 162nd Street
83
84 City North Miami Beach FL 85 Zip Code 33162

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME AELION, DAVID M
STREET ADDRESS 152 NORTHEAST 167TH STREET, 5TH FLOOR
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE VD
NAME LOREN, JAMES
STREET ADDRESS 152 NORTHEAST 167TH STREET, 5TH FLOOR
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME Aelion, David M
1.3 STREET ADDRESS 1506 northeast 162nd Street
1.4 CITY-ST-ZIP North Miami Beach, FL 33162

2.1 TITLE
2.2 NAME VD
2.3 STREET ADDRESS Loren, James
2.4 CITY-ST-ZIP 1506 Northeast 162nd Street
N. Miami Beach, FL 33162

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
David M. Helion President 4/24/99 (305) 964-4478

CR2E034 (1/1/98)