SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000078033 (4) DOCUMENT # SOUTH FLORIDA BUSINESS BROKERS, INC. Principal Place of Business Mailing Address 6116 NORTHWEST 6TH AVENUE 6116 NORTHWEST 6TH AVENUE MIAMI FL 33127 MIAMI FL 33127 3. Date Incorporated or Qualified 3a, Date of Last Report 10/11/1995 2. Principal Place of Business Applied For 2a. Mailing Address Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζιρ Ζip Country a. This corporation has hability for intang-ble tax under s. 199 032 Flor-da Statutes Yes ☐ No 25 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 R3 City 84 85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGN, SURE Storiature, turco or protectinance of repotened abent and blieff applicable CALL 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8) 13. DELETE Change Addition TITLE 1.5 TO F HESSER, ANDREW M 1.2 NAME NAME CR2E034 6116 NORTHWEST 6TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33127 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4 CITY - S1 - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP 400001898864 Add Sch -07/19/96--01006--024 ***25.00 DELETE TITLE 5.1 THE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS City-St-ZIP 5.4 City - ST - ZiP 5000018988**5**9998 🗌 Addison DELETE TITLE -07/19/96--01006--025 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS ***200**.**00 CITY-ST-ZIP 64 CITY ST ZIP

SIGNATURE:

IGNATURE AND TYPED ON PRINTED NAM

that my name appears in Brock 12 or Bjock 13 I changed, or on an attachment with an address

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida State further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my's greature shall have the same legal of 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 617. Florida Styles.

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6/26/9

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