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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000095048 (1)**

1. Corporation Name

ADLER COLLINS, INC.

Principal Place of Business
1400 NW 107TH AVENUE
MIAMI FL 33172

Mailing Address
1400 NW 107TH AVENUE
MIAMI FL 33172

3. Date Incorporated or Qualified: **12/12/1995**

3a. Date of Last Report: N/A

2. Principal Place of Business [21]

2a. Mailing Address [26]

Suite, Apt. #, etc. [22]

Suite, Apt. #, etc. [27]

City & State [23]

City & State [28]

Zip [24] Country [25]

Zip [29] Country [30]

4. FEI Number: 65-0652347 [X] 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

LEVY, JOEL
1400 NW 107TH AVENUE
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 the date of change (NOTE: Registered Agent signature required when no change) DATE

12. OFFICERS AND DIRECTORS

TITLE: DP
NAME: Adler, Michael M
STREET ADDRESS: 1400 N.W. 107 Ave 5th Floor
CITY-ST-ZIP: Miami, Fla. 33172
[ ] DELETE

TITLE: Vpt
NAME: Levy, Joel
STREET ADDRESS: 1400 N.W. 107 Ave 5th Floor
CITY-ST-ZIP: Mia, Fla 33172
[ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP [ ] Change [ ] Addition

2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP [ ] Change [ ] Addition

3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP [ ] Change [ ] Addition

4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP [ ] Change [ ] Addition

5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP [ ] Change [ ] Addition

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-05/07/96--01021--043
***200.00

6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP [ ] Change [ ] Addition

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: J Levy — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 — Date

(305) 392-4010 — Daytime Phone #

CR2E034 (12/95)