

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P96000001223 (2)

1. Corporation Name

SFCDD RESEARCH, INC.



Principal Place of Business

Mailing Address

6280 SUNSET DRIVE #600  
SOUTH MIAMI FL 33143

6280 SUNSET DRIVE #600  
SOUTH MIAMI FL 33143

2. Principal Place of Business

2a. Mailing Address

21 8950 N. Kendall Drive

26 8525 S.W. 92 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 508

27 C-10

City & State

City & State

23 Miami, Florida

28 Miami, Florida

Zip

Country

Zip

Country

24 33176

25

29 33156

30

3. Date Incorporated or Qualified

12/28/1995

3a. Date of Last Report

4. FEI Number

65-0405306

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

10. Name and Address of New Registered Agent

PROFESSIONAL REGISTERED AGENT CORPORATION  
C/O SETH STOPEK, P.A.  
200 SOUTH BISCAYNE BOULEVARD #2350  
MIAMI FL 33131

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | President                      | <input type="checkbox"/> DELETE |
| NAME           | James Leavitt                  |                                 |
| STREET ADDRESS | 6280 Sunset Drive, Suite 600   |                                 |
| CITY-STATE-ZIP | Miami, Florida 33143           |                                 |
| TITLE          | Vice-President                 | <input type="checkbox"/> DELETE |
| NAME           | Michael Guber                  |                                 |
| STREET ADDRESS | 6280 Sunset Drive, Suite 600   |                                 |
| CITY-STATE-ZIP | Miami, Florida 33143           |                                 |
| TITLE          | Secretary                      | <input type="checkbox"/> DELETE |
| NAME           | Howard Schwartz                |                                 |
| STREET ADDRESS | 8950 N. Kendall Drive          |                                 |
| CITY-STATE-ZIP | Miami, Florida 33176           |                                 |
| TITLE          | Treasurer                      | <input type="checkbox"/> DELETE |
| NAME           | Edward Feller                  |                                 |
| STREET ADDRESS | 8525 S.W. 92 Street, Suite C10 |                                 |
| CITY-STATE-ZIP | Miami, Florida 33156           |                                 |
| TITLE          |                                | <input type="checkbox"/> DELETE |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-STATE-ZIP |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> DELETE |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-STATE-ZIP |                                |                                 |

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-STATE-ZIP |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-STATE-ZIP |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-STATE-ZIP |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-STATE-ZIP |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-STATE-ZIP |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-STATE-ZIP |   |

800001745488

-03/15/96--01119--003

\*\*\*200.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Guber

3/6/96

(305) 666-1333

CR2E034 (12/95)