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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P96000020315 (3)

1. Corporation Name
MARK A. SCHNEIDER, P.A.

Principal Place of Business
770 CLAUGHTON ISL DR #1109
MIAMI FL 33131

Mailing Address
770 CLAUGHTON ISL DR #1109
MIAMI FL 33131-2626

3. Date Incorporated or Qualified: 03/04/1996
3a. Date of Last Report:
4. FEI Number: 65-0647027 — 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

2. Principal Place of Business
21
22 Suite, Apt #, etc.: 21 S.E. FIRST AVENUE #810
23 City & State: ~~MIAMI, FL 33131~~
24 Zip — 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.: 21 S.E. FIRST AVENUE #810
28 City & State: MIAMI, FL 33131
29 Zip — 30 Country

9. Name and Address of Current Registered Agent
SCHNEIDER, MARK A
770 CLAUGHTON ISL DR #1109
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name: SCHNEIDER, MARK A.
82 Street Address (P.O. Box Number is Not Acceptable): 21 S.E. FIRST AVENUE, SUITE 810
83
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 ______ 3/12/97
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	PVST	☐ DELETE
NAME	SCHNEIDER, MARK A	
STREET ADDRESS	770 CLAUGHTON ISL DR #1109	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	☐ DELETE
NAME	SCHNEIDER, MARK A	
STREET ADDRESS	770 CLAUGHTON ISL DR #1109	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PVST	☒ Change ☐ Addition
1.2 NAME	SCHNEIDER, MARK A.	
1.3 STREET ADDRESS	21 S.E. FIRST AVENUE, SUITE 810	
1.4 CITY-ST-ZIP	MIAMI, FL 33131	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	SCHNEIDER, MARK A.	
2.3 STREET ADDRESS	21 S.E. FIRST AVENUE, SUITE 810	
2.4 CITY-ST-ZIP	MIAMI, FL 33131	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

3/12/97