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

PROFIT CORPORATION ANNUAL REPORT

2000

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

FILED
00 MAY 11 PM 12:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000033171

1. Corporation Name
GARRY B. SCHWARTZ, P.A.

Principal Place of Business	Mailing Address
201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES FL 33134-5169	201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES FL 33134-5169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1996

21 2. Principal Place of Business: 1221 Brickell Avenue	26 2a. Mailing Address: 7540 S.W. 175 STREET	4. FEI Number: 65-0661805	☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.: Suite 900	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State: Miami FL	28 City & State: Miami FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip: 33131 25 Country: DADE	29 Zip: 33157 30 Country: DADE	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHWARTZ, GARRY B ~~201 ALHAMBRA CIRCLE~~ ~~SUITE 601~~ ~~CORAL GABLES FL 33134~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1221 Brickell Avenue 83 Suite 900 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: Garry B. Schwartz (Signature of new registered agent and title if applicable) (NOTE: Registered agent signature required when reinstating) DATE: 5.10.2000

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	SCHWARTZ, GARRY B		1.2 NAME		
STREET ADDRESS	~~201 ALHAMBRA CIRCLE SUITE 601~~		1.3 STREET ADDRESS	1221 Brickell Ave. #900	
CITY-ST-ZIP	~~CORAL GABLES FL 33134~~		1.4 CITY-ST-ZIP	Miami FL 33131	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
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	D00003275700--7	
STREET ADDRESS			3.3 STREET ADDRESS	-06/05/00--01003--023	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	****150.00 ****150.00	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	TS	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 added by an attachment with an address, with all other like empowered.

SIGNATURE: Garry B. Schwartz Pres 5.10.2000 305 347 5106

(SIGNATURE AND PRINTED NAME OF RESIDING OFFICER OR DIRECTOR) Date Daytime Phone #