SECOND NOTICE

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
99 JUL 16 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000042437

1. Corporation Name

ADAMS, GALLINAR, IGLESIAS & MEYER, P.A.

Principal Place of Business	Mailing Address
701 Brickell Avenue #2150 Miami, FL 33131	701 Brickell Avenue #2150 Miami, FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 5/17/1996

2. Principal Place of Business	2a. Mailing Address
21 1200 Brickell Avenue	26 1200 Brickell Avenue
Suite, Apt. #, etc. 22 Suite 900	Suite, Apt. #, etc. 27 Suite 900
City & State 23 Miami	City & State 28 Miami
Zip 24 33131 Country 25 USA	Zip 29 33131 Country 30 USA

4. FEI Number: 65-0671398 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 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
Adams, Robert R. 701 Brickell Avenue, Ste 2150 Miami, FL 33131	81 Name: AGIM Registered Agents, Inc. 82 Street Address (P.O. Box Number is Not Acceptable): 1200 Brickell Avenue, Suite 900 83 RRA 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: President — 3/26/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D Adams, Robert R. 701 Brickell Avenue #2150 Miami, Florida 33131	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P,T,S,D 1200 Brickell Avenue, Suite 900	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gallinar, Michael D. 701 Brickell Avenue, #2150 Miami, Florida 33131	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P,T,S,D 1200 Brickell Avenue, Suite 900	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Iglesias, Mario A. 701 Brickell Avenue #2150 Miami, Florida 33131	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	P,T,S,D 1200 Brickell Avenue, Suite 900	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Meyer, James M. 701 Brickell Avenue #2150 Miami, Florida 33131	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	P,T,S,D 1200 Brickell Avenue, Suite 900	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	800002939368---5 -07/22/99--01108--003 ****150.00 ****150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	LS	☐ Change ☐ Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert R. Adams, President 3/26/99 (305) 416-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #