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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P96000056457

1. Corporation Name
CONNELL PERRONE & COMPANY, INC.

Principal Place of Business	Mailing Address
~~2600 SW THIRD AVE~~ ~~SUITE 301~~ ~~MIAMI, FL 33129~~	~~2600 SW THIRD AVE~~ ~~SUITE 301~~ ~~MIAMI, FL 33129~~

2. Date Incorporated or Qualified: 07/03/96
2a. Date of Last Report: 05/06/97

21. Principal Place of Business	26. Mailing Address
1000 BRICKELL AVE.	1000 BRICKELL AVE
22. Suite, Apt. #, etc.: SUITE 900	27. Suite, Apt. #, etc.: SUITE 900
23. City & State: MIAMI FL	28. City & State: MIAMI FL
24. Zip: 33131 25. Country: USA	29. Zip: 33131 30. Country: USA

4. FEI Number: 65-0684569 ☐ 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

PERRONE, STEPHEN L.
~~2600 SW THIRD AVE.~~
~~SUITE 301~~
~~MIAMI, FL 33129~~

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable): 1000 BRICKELL AVE
93 SUITE 900
94 City: MIAMI FL 95 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE
Signature of person named as registered agent and date of acceptance (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT ☐ DELETE	11 TITLE	☒ Change ☐ Addition
NAME	CONNELL, HAROLD L.	12 NAME	
STREET ADDRESS	2600 SW THIRD AVE - STE 301	13 STREET ADDRESS	1000 BRICKELL AVE - SUITE 900
CITY-ST-ZIP	MIAMI FL 33129	14 CITY-ST-ZIP	MIAMI FL 33131
TITLE	DVS ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	PERRONE, STEPHEN L.	22 NAME	
STREET ADDRESS	2600 SW THIRD AVE - STE 301	23 STREET ADDRESS	1000 BRICKELL AVE - SUITE 900
CITY-ST-ZIP	MIAMI FL 33129	24 CITY-ST-ZIP	MIAMI FL 33131
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	200002510 ☐ Change ☐ Addition
NAME		62 NAME	-04/28/98--01103--015
STREET ADDRESS		63 STREET ADDRESS	***158.75
CITY-ST-ZIP		64 CITY-ST-ZIP	

4/28

CR2EC084 (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.

SIGNATURE: [signature] STEPHEN L. PERRONE 4/20/98 305-379-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #