

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000068176 (2)

1. Corporation Name

ADLER PCC, INC.

Principal Place of Business

1400 N.W. 107TH AVENUE
MIAMI FL 33172

Mailing Address

1400 N.W. 107TH AVENUE
MIAMI FL 33172-2746

3. Date Incorporated or Qualified

08/15/1996

3a. Date of Last Report

4. FEI Number

65-0688076

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

LEVY, JOEL
1400 N.W. 107TH AVENUE
MIAMI FL 33172

10. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P/CEO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	Adler, Michael M.		
1.3 STREET ADDRESS	1400 NW 107 AVENUE		
1.4 CITY - ST - ZIP	Miami, FL 33172		
2.1 TITLE	EV/AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	Levy, Joel		
2.3 STREET ADDRESS	1400 NW 107 Ave.		
2.4 CITY - ST - ZIP	Miami, FL 33172		
3.1 TITLE	S/T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	Arrizurieta, Luis		
3.3 STREET ADDRESS	1400 NW 107 Ave.		
3.4 CITY - ST - ZIP	Miami, FL 33172		
4.1 TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	Adler, Linda K.		
4.3 STREET ADDRESS	1400 NW 107 Ave.		
4.4 CITY - ST - ZIP	Miami, FL 33172		
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

Date

305-392-4050

Daytime Phone #

CR2E034 (9/96)