


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

FILED
Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000069400 (4)**

1. Corporation Name
2020 BUILDING, INC.

Principal Place of Business

Mailing Address

**C/O NORMAN JAFFE
18999 BISCAYNE BLVD
AVENTURA FL 33180**

**C/O NORMAN JAFFE
18999 BISCAYNE BLVD
AVENTURA FL 33180**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1997

4. FEI Number

65-0775000

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 **2020 N.E. 163RD ST.**

22 **SUITE 300**

23 **N. MIAMI BEACH.**

24 **33162**

25 **DADE**

2a. Mailing Address

26 **2020 N.E. 163RD ST.**

27 **SUITE 300**

28 **N. MIAMI BEACH**

29 **33162**

30 **DADE**

9. Name and Address of Current Registered Agent

**NEMSER & WOLIS, P.A.
18999 BISCAYNE BLVD
NORTH MIAMI BEACH FL 33180**

10. Name and Address of New Registered Agent

81 Name **NEIL S. ROGERS**

82 Street Address (P.O. Box Number is Not Acceptable)

2020 N.E. 163RD ST.

SUITE 300

83

84 City **N. MIAMI BEACH**

FL

85 Zip Code **33162**

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

NEIL S. ROGERS

VICE PRESIDENT

3/4/98

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 ☐ DELETE

NAME **POST JAFFE NORMAN S.**
STREET ADDRESS **18999 BISCAYNE BLVD**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE ☐ DELETE

NAME **UP ROGERS, NEIL**
STREET ADDRESS **2020 N.E. 163RD ST. SUITE 300**
CITY-ST-ZIP **N. MIAMI BEACH, FL 33162**

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 on an attachment with an address.

SIGNATURE:

NEIL S. ROGERS

3/4/98

CR2E034 (10/97)