FILE NOW: FILING FEE AFTER MAY 1 IS \$2 FLORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Morth ANNUAL REPORT Secretary of Sta 1996 DIVISION OF CORPORATIONS DOCUMENT # S32099 (1) D. ALTMAN CORPORATION Principal Place of Business Mailing Address 5880 COLLINS AVE. 5880 COLLINS AVE. SUITE 906 SUITE 906 MIAMI BEACH FL 33140-2205 MIAMI BEACH FL 33140-2205 3. Date Incorporated or Qualified 3a. Date of Last Report 02/15/1991 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 Applied For 26 65-0256766 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 П Trust Fund Contribution Z_{10} Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s 199.032 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LANDA, MARTIN Street Address (P.O. Box Number is Not Acceptable) 82 848 BRICKELL AVE. SUITE 610 83 **MIAMI FL 33131** 84 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's greature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TillE DELETE 1. 1 TITLE ☐ Change ALTMAN, DAVID NAME 1.2 NAME 5880 COLLINS AVE. #906 STREET ADDRESS 13 STREET ADDRESS MIAMI BEACH FL 0-14-S1-Z-P 1.4 CITY - ST - ZIP TIFLE DELETE 2 1 TITLE Change Addition WEGMANN, SONJA NAME 22 NAME 5880 COLLINS AVE. #906 STREET ADDRESS 2.3 STREET ADDRESS MIAMI BEACH FL C(1) - \$1 - Z(£ 24 CITY-ST-ZIP THE DELETE 3 1 TITLE ☐ Change ■ Addition NAME 3.2 AME STREET ADDRESS 33. TREE1 ADDRESS City-St-ZiP 3.4 TY-ST-ZIP THLE DELETE 4 ITLE Change Addition NAME 4.2 AME STREET ADDRESS TREET ADDRESS CITY-ST ZIF TY-SY-ZIP $\Pi^{\dagger} L E$ DELETE ITLE 5 Change Addition NAME ME STREET ADDRESS TREET ADDRESS CHIY - S1 - ZIP TY-ST-ZIP THEF DELETE 6 ITLE ☐ Change ☐ Addition NAME \MF STREET ADDRESS REFT ADDRESS CITY-S*-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished ar certify that the information indicated on this annual report or supplemental annual report of that I am an officer or director of the corporation or the receiver or trustee emporance appears in Block 12 or Block 13 if changed, or on an attachment with an address. does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further s true and accurate and that my signature shall have the same logal offect as if made under ed to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: X

1 Altman 04/23/96 (305) 866-7918