FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUN -7 AM 10:54

DOCUMENT # S33192 (3)

1. Corporation Name
RICHARD ALLEN FREEMAN, A PROFESSIONAL ASSOCIATIO N

Principal Place of Business	Mailing Address
GRAND BAY PL PENTHOUSE ONE A 2665 S BAYSHORE DR COCONUT GROVE FL 33133	GRAND BAY PL PENTHOUSE ONE A 2665 S BAYSHORE DR COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/20/1991
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business	2a. Mailing Address
21 600 N.E. 36TH STREET	26 600 NE 36TH ST
Suite, Apt. #, etc. 22 822	Suite, Apt. #, etc. 27 822
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip / County 24 33137 / 25 USA	Zip / County 29 33137 / 30 USA

4. FEI Number: 65-0243909 ☐ 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 chargible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FREEMAN, RICHARD A.
GRAND BAY PLAZA, PENTHOUSE ONE A
2665 S BAYSHORE DR
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 600 N.E. 36TH ST.
83 SUITE 822
84 City MIAMI FL 85 Zip Code 33137

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] 5/30/95
Signature, if 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	D	1 1 TITLE		☐ Change ☐ Addition
NAME	FREEMAN, RICHARD A	1 2 NAME		
STREET ADDRESS	600 NE 36TH ST #822	1 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1 4 CITY-ST-ZIP		
TITLE		2 1 TITLE		☐ Change ☐ Addition
NAME		2 2 NAME		
STREET ADDRESS		2 3 STREET ADDRESS		
CITY-ST-ZIP		2 4 CITY-ST-ZIP		
TITLE		3 1 TITLE		☐ Change ☐ Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP		3 4 CITY-ST-ZIP		
TITLE		4 1 TITLE		☐ Change ☐ Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY-ST-ZIP		4 4 CITY-ST-ZIP		
TITLE		5 1 TITLE		☐ Change ☐ Addition
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP		5 4 CITY-ST-ZIP		
TITLE		6 1 TITLE		☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY-ST-ZIP		6 4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] 5/30/95 856-4602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RICHARD A. FREEMAN

0134000 CP