FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (5)**DOCUMENT #** 1. Corporation Name MARK EVANS KASS, P.A. Maling Address Principal Place of Business 1497 N.W. 7TH STREET 1497 N.W. 7TH STREET MIAMI FL 33125 MIAMI FL 33125 3a. Date of Last Report 3. Date Incorporated or Qualified 09/21/1995 03/18/1991 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 65-0251210 26 21 \$8.75 Additional Suite Apt. #, etc 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Country Zip ☐ Yes ☐ No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) KASS, MARK EVANS 82 1497 NW 7 ST 83 **MIAMI FL 33125** Zip Code 85 84 City 11. Pursuant to true 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. [/ATE SIGNATURE (NOTE: Registeren Agent signature required who CR2E034 (12/95) acting ityshed or printed marks of registered algorithania the diagraph dis-ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change Addit on [] DELETE 1.1 THEF **DPTS** TITLE 1.2 NAME KASS, MARK EVANS NAME 1.3 STREET ADDRESS 1497 NW 7 ST STREET ADDRESS 14 CITY - S\* - 7/P MIAMI FL CITY - ST - ZIP Addit on Change DELETE 2 1 Till(E 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CHY-ST ZiP CITY-ST-ZIP ☐ Change Addition DELETE 3 1 HitE TITLE 3.2 NAME NAME 3.3 SIREFT ADDRESS STREET ADDRESS 3 4 CiTY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY S1-ZIP CITY - ST - ZIF Change Addition ☐ DELETE 5 1 bille THE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CHY - ST - ZIF C+TY - ST - Z1P Change Addition DELETE 6 1 10 LE THILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 Efurther certify that the information indicated on this and all 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 conforation or the receiver or trusted employered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes it in on a latter friment with an address. 6.4 CITY-ST-ZIP

A OR DIRECTOR

SIGNATURE:

4/29/96 305-541-22109