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

APPROVED AND FILED
95 APR 18 PM 6:04
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # S51743 (0)

1. Corporation Name
LEVEY, LEVEY & MARTUS, P.A.

Principal Place of Business
~~1101 BRICKELL AVENUE~~
~~SUITE 1100~~
MIAMI FL 33131

Mailing Address
~~1101 BRICKELL AVENUE~~
~~SUITE 1100~~
MIAMI FL 33131

2. Principal Place of Business	2a. Mailing Address
21 100 SE Second Street	26 100 SE Second Street
Suite, Apt. #, etc. 22 Suite 1250	Suite, Apt. #, etc. 27 Suite 1250
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33131 / Country 25 USA	Zip 29 33131 / Country 30 USA

3. Date Incorporated or Qualified: 05/13/1991
3a. Date of Last Report: 04/20/1994
4. FEI Number: 65-0263451 ☐ 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 intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~MARTUS, JAY A.~~
~~1101 BRICKELL AVENUE~~
~~SUITE 1100~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name: Jeffrey E. Levey
82 Street Address (P.O. Box Number is Not Acceptable): 100 SE Seconi Street, Suite 1250
83
84 City: Miami FL 85 Zip Code: 33131

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: Jeffrey E. Levey/ [signature] 4/03/95
(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	DP
NAME	MARTUS, JAY A.
STREET ADDRESS	~~1101 BRICKELL AVE #1100~~
CITY-ST-ZIP	~~MIAMI FL~~
TITLE	DVST
NAME	LEVEY, JEFFREY E.
STREET ADDRESS	~~1101 BRICKELL AVE #1100~~
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS	4651 Sheridan Street, Suite 400	
14 CITY-ST-ZIP	Hollywood FL 33021	
21 TITLE		☒ Change ☐ Addition
22 NAME		
23 STREET ADDRESS	100 SE 2nd St., Suite 1250	
24 CITY-ST-ZIP	Miami, FL 33131	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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: Jay A. Martus, President/ [signature] Martus, President 4/13/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0132620 CP