8-1-97 B- 8081 1 C

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

FILED
Aug 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # S60400 (6)

1. Corporation Name
MARY E. KRAMER, P.A.

Principal Place of Business	Mailing Address
561 NE 79TH ST. SUITE 212A MIAMI FL 33138	561 NE 79TH ST. SUITE 212A MIAMI FL 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1991	3a. Date of Last Report: 04/26/1996
4. FEI Number: NOT APPLICABLE	☐ 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	2a. Mailing Address
21 330 Biscayne Blvd.	26 330 Biscayne Blvd
Suite, Apt. #, etc. 22 310	Suite, Apt. #, etc. 27 310
City & State 23 Miami FL	City & State 28 Miami FL
Zip 24 33132 Country 25 USA	Zip 29 33132 Country 30 USA

9. Name and Address of Current Registered Agent

KRAMER, MARY
561 NE 79TH STREET
SUITE 212A
MIAMI FL 33138

10. Name and Address of New Registered Agent

81 Name: Mary Kramer
82 Street Address (P.O. Box Number is Not Acceptable): 330 Biscayne Blvd.
83 Suite 310
84 City: Miami FL 85 Zip Code: 33132

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: Mary Kramer — DATE: 7-28-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D. ☐ Change ☒ Addition
NAME	KRAMER, MARY E.	1.2 NAME	Mary Kramer
STREET ADDRESS	561 NE 79TH ST., #212A	1.3 STREET ADDRESS	330 Biscayne Blvd. Suite 310
CITY-ST-ZIP	MIAMI FL 33138	1.4 CITY-ST-ZIP	Miami, FL 33132
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (4/97)

14. I do 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: Mary Kramer