## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # S60493

(1)

KERRY E. ROSENTHAL, P.A.

				1.0
Principal I	Place	0.01	3. 0	Samoss

Mailing Address

## FILED Apr 21 1997 8:00am Secretary of State



1031 N. MIAMI BEACH BLVD. 1031 N. MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33162					
			Date Incorporated or Qualified     06/18/1991	3a. Date of Last R 01/29/1996	leport
2. Principal Place of Business	20. Mailing Address	C (0/0)	4. FEI Number		oplied For
21 2875 NE. 191 S	T.  26   28 + 5 N.	E. 1915t.	65-0268121		ot Applicable
Suite Apr. #, etc. 500	Suite Apt #, etc. 27 Suite 50	20	5. Certificate of Status Desired	Fee Re	Additional equired
23 Aventura, FLA.	City & State  28 Avertua	,FL	Election Campaign Financing     Trust Fund Contribution	☐ Added	May Be to Fees
24 33180 25 USA	. 29 33180 3	o] UJS		Yes XINo	. 199.032,
9, Name and Address of C	urrent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
ROSENTHAL, KERRY E. 		81 Name 82 Street	Kervy E. No Se egyrgao (P.O. 8d) Number in Not Acceptal	vithal reet	
		83 City	uite soo	or A	CodeD
		/_ <i></i>	ventura	FL   3	3780
11. Pursuant to the provisions of Sections 60 office or registered agent, a both, in the agent. I am familiar will a good the	7.0502 and 607.1508, Florida Statutes State of Florida, Such change was au	the above named	corporation submits this statement for the poration's board of directors. I hereby access	ourpose of changing it of the appointment as	ts registered registered
agent. I am familiar will be at access the	obligations of Section 607-0505, Flori	da Statutes.		11/5/01	
SIGNATURE Should be for professione register	red agen and tilloid applicable (NOTE I	Registered Agent's gnature	required when reinstating)	DAYE	
	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE D	DELETE	1.1 TITLE ·	D	Change	☐ Addition
NAME ROSENTHAL, KERRY E.		1.2 NAME	Keny E. Kosentho	VI CLO KOD	];
STHELT ADDRESS 1031 N MIAMI-BEACH DL	<del>VD·</del>	1.3 STREET ADDRESS	2879 NE. 19/15.	, Ste 500	
CITY ST ZIP N. MIAMI BEACH FL.	T DELETE	1.4 CITY-\$T-ZIP	svertura, FC 3	2180	Addition
THLE	DELETE	21 TIFLE	•	L Change	☐ Mudillon
NAME		2.2 NAME	<i>e</i>		
STREET ADDRESS		2.3 STREET ADDRESS			
CHY-S1-ZIC	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change	Addition
NAME	that State	3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CiTY-S1-78		3.4. CITY - S1 - ZIP			
THUE	DELETE	41 TITLE		☐ Change	☐ Addition
NAME		4. 2 NAME			
STREET ACORESS		4.3 STREET ADDRESS			
CITY - ST - ZP		4.4 CITY+ST-ZIP			
THEE	DELETE	5 1 TITLE		Change	Addition
NAME		52 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CHY - \$1 - 70°	DELETE	5.4 CITY-ST-ZIP		Change	Addition
TILE		6.1 TITLE		□ Cirange	L Addition
NAME		6.2 NAME			
STREET ARRESTS		6.3 STREET ADDRESS			
CITY+S1+7IP		6.4 CITY-ST-ZIP	11.0.1.1.10.07(0)(1) 5(-11.0.1.1.1)	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	

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 of 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 proceed or on an attachment with an address.

SIGNATURE:

THE AND TWEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Y