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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90062 024 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S63920

1. Corporation Name

ROBERT INFELD & ASSOCIATES, C.P.A.'S, P.A.
INFELD BARR C.P.A.'S, P.A.

Amendment
filed

Principal Place of Business

5801 BISCAYNE BLVD.
MIAMI FL 33137

Mailing Address

5801 BISCAYNE BLVD.
MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1991

4. FEI Number

65-0269640

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

INFELD, ROBERT H.
5801 BISCAYNE BLVD.
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name

BARRY WASSERSTROM

82 Street Address (P.O. Box Number is Not Acceptable)

5801 BISCAYNE BLVD

83

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

Barry Wasserstrom

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/98

12. OFFICERS AND DIRECTORS

TITLE PD
NAME INFELD, ROBERT H.
STREET ADDRESS 2804 N. 46TH AVE. #C627
CITY-ST-ZIP HOLLYWOOD FL 33021

☒ DELETE

TITLE ~~PD~~
NAME ~~BARR, KAREN~~
STREET ADDRESS ~~5801 Biscayne Blvd~~
CITY-ST-ZIP ~~MIAMI, FL 33137~~

☐ DELETE

TITLE V
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres Director
1.2 NAME Karen Barr
1.3 STREET ADDRESS 5801 Biscayne Blvd
1.4 CITY-ST-ZIP MIAMI, FL 33137

☒ Change ☒ Addition

2.1 TITLE VP, Director
2.2 NAME Barry Wasserstrom
2.3 STREET ADDRESS 5801 Biscayne Blvd
2.4 CITY-ST-ZIP MIAMI, FL 33137

☒ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: *Karen Barr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99 3057549694

Date

Daytime Phone #

CR2E034 (11/98)