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FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90055 050 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # S73086

1. Corporation Name

MELAMED & KARP, P.A.



Principal Place of Business

Mailing Address

11900 BISCAYNE BLVD  
SUITE 262  
MIAMI FL 33181

11900 BISCAYNE BLVD  
SUITE 262  
MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1991

4. FEI Number

65-0276022

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 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 33181 25 US

2a. Mailing Address

26 12000 BISCAYNE BLVD.

27 Suite, Apt. #, etc.

28 NORTH MIAMI, FL

29 33181 30 US

9. Name and Address of Current Registered Agent

KAUFMAN, DANA M.  
11900 BISCAYNE BOULEVARD  
SUITE 262  
MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name

STEVEN Y KARP

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

12000 BISCAYNE BLVD # 405

83

84 City

NORTH MIAMI

FL

85 Zip Code

33181

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/99

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME KAUFMAN, DANA M.  
STREET ADDRESS 11900 BISCAYNE BLVD 262  
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ DELETE

NAME MELAMED, ELLIOT S.  
STREET ADDRESS 11900 BISCAYNE BLVD 262  
CITY-ST-ZIP MIAMI FL

TITLE STD ☐ DELETE

NAME KARP, STEVEN Y.  
STREET ADDRESS 11900 BISCAYNE BLVD 262  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

STEVEN Y KARP 1/14/99 305-895-5400

0261574

CR E034 (11/98)