FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V03817** **(6)**

1. Corporation Name

JEROB PROPERTIES, INC.

Principal Place of Business	Mailing Address
430 CAMPANA AVE CORAL GABLES FL 33156	430 CAMPANA AVE CORAL GABLES FL 33156

3. Date Incorporated or Qualified: 01/03/1992	3a. Date of Last Report: 03/31/1995
4. FEI Number: 65-0305196	☐ 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	

2. Principal Place of Business

21 5733 Riviera Drive
22 Suite, Apt. #, etc.
23 City & State: Coral Gables Fl
24 Zip: 33146 25 Country: USA

2a. Mailing Address

26 5733 Riviera Drive
27 Suite, Apt. #, etc.
28 City & State: Coral Gables Fl
29 Zip: 33146 30 Country: USA

9. Name and Address of Current Registered Agent

HERSKOWITZ, ANDREW L
430 CAMPANA AVE
CORAL GABLES FL 33156

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5733 Riviera Drive
83
84 City: Coral Gables, Fl. FL 85 Zip Code: 33146

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] 2/5/96
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 P NAME HERSKOWITZ, ANDREW L STREET ADDRESS 430 CAMPANA AVE. CITY-ST-ZIP CORAL GABLES FL	☐ 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	
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 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	5733 Riviera Drive Coral Gables, Fl. 33146	☒ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ 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

CR2E034 (12/95)

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: [signature] Andrew Herskowitz president 2/5/96 305-664-2666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #