FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Mar 18 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham' ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # V05137 JEFFREY M. FINE, P.A. Principal Place of Business Mailing Address 5200 BLUE LAGOON DRIVE 5200 BLUE LAGOON DRIVE SUITE 250 SUITE 250 DO NOT WRITE IN THIS SPACE MIAMI FL 33126 MIAMI FL 33126 3. Date Incorporated or Qualified 01/06/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 6161 Blue layou Drive 65-0308173 Not Applicable Suite. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & Stat 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year lotangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FINE, PA, MARTHA M ARNOLD . LEVY **5200 BLUE LAGOON DRIVE** Street Address (P. L. pux ryumber is Not Acceptable) SUITE 250 9100 South Dadeland Blvd. **MIAMI FL 33126** Sulte 1404 City. Zip Code 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 families with 3 of accept the obligations of Section 607,0506, Florida Statutes. OTF: Registered Agent signature required when reinstating) **OFFICERS** 12, ECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE Jeffrey m FINE, JEFFREY M. NAME 1.2 NAME 5200 BLUE LAGOON DRIVE, STE#250 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 City - ST- ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITL P NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITL€

14. Thereby 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.

6.2 NAME

6.3 STREET ADDRESS 6.4 City-St-Zip

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

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Z-16-9X

(305)242-8489