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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V08381

(8)

BICHARD THOMAS ASSOCIATES, INC.

Principal Place of Business Mailing Address
19433 SW 137 AVE 19433 SW 137
MANUEL 2017

FILED Jan 23 1998 8:00am Secretary of State



19433 SW 137 AVE MIAMI FL 33177 MIAMI FL 33177 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifled 01/21/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0312823 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Yes 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LUDOVICI, EDWARD P. 17408 SW 97 AVE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33157-5491 83 84 Citv 85 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1,1 TITLE 2 Change EINHORN, EDWARD NAME EINHORN, RICHARD J. 1.2 NAME STREET ADDRESS 664 HUMMINGBIRD CT 1.3 STREET ADDRESS 5AMO JACKSONVILLE FL CITY - ST - ZIP 1,4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE EINHORN, RICHARD J. NAME 22 NAME 19433 SW 137 AVE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TIDE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CMY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST- ZIP Addition TITLE DELETE 6.1 TITLE Change NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 5) agrattachment with an address.

SIGNATURE:

CR2E034 (10/97)