FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V13347 (2)

1. Corporation Name

LESNER & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
8725 NW 18TH TERRACE STE. #200 MIAMI FL 33172 US	8725 NW 18TH TERRACE STE. #200 MIAMI FL 33172 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0318808 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 County 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROSEN, LAWRENCE N. 133 SEVILLA CORAL GABLES FL 33134	81 Name: Leonard Levi Gardner, Esq. 82 Street Address (P.O. Box Number is Not Acceptable): 13420 SW 128 ST. 83 84 City: Miami FL 85 Zip Code: 33186

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] 5-1-95

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	LESNER, JOHN	NAME	
STREET ADDRESS	8150 EAST 13 MILE RD.	STREET ADDRESS	
CITY-ST-ZIP	WARREN MI 48093	CITY-ST-ZIP	
TITLE	C	TITLE	☒ Change ☐ Addition
NAME	SMITH, CHARLES	NAME	
STREET ADDRESS	8725 NW 18TH TERRACE #200	STREET ADDRESS	13420 SW 128 ST.
CITY-ST-ZIP	MIAMI FL 33172	CITY-ST-ZIP	Miami, Fl 33186
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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)(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.

SIGNATURE: [signature] 4-7-95 305-285-6940

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

0186286 CP