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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 3:07

DOCUMENT # V37784 (8)

1. Corporation Name
DENNIS E. WALD, P.A.

Principal Place of Business	Mailing Address
1500 SAN REMO AVE 217 CORAL GABLES FL 33146 US	1500 SAN REMO AVE. #217 CORAL GABLES FL 33146 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/20/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 999 Ponce de Leon Blvd.	26 999 Ponce de Leon Blvd.
Suite, Apt. #, etc. 22 Suite 1000	Suite, Apt. #, etc. 27 Suite 1000
City & State 23 Coral Gables	City & State 28 Coral Gables
Zip / Country 24 33134 / 25 Florida	Zip / Country 29 33134 / 30 Florida

4. FEI Number: 65-0340179 ☐ 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

9. Name and Address of Current Registered Agent

WALD, DENNIS E.
1500 SAN REMO AVE.
SUITE 217
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name: Wald, Dennis E.
82 Street Address (P.O. Box Number is Not Acceptable): 999 Ponce de Leon Blvd.
83: Suite 1000
84 City: Coral Gables, 85 FL Zip Code: 33134

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] DATE: 1/26/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	VP ☒ Change ☐ Addition
NAME	MILLIGAN, ALPHONSO S	1.2 NAME	WALD, DENNIS E.
STREET ADDRESS	STE 217 SAN REMO AVENUE	1.3 STREET ADDRESS	999 Ponce de Leon Blvd., Suite 1000
CITY-ST-ZIP	CORA GABLES FL	1.4 CITY-ST-ZIP	Coral Gables, Florida 33134
TITLE	P	2.1 TITLE	P ☒ Change ☐ Addition
NAME	WALD, DENNIS E	2.2 NAME	WALD, DENNIS E.
STREET ADDRESS	STE 217 SAN REMO AVE.	2.3 STREET ADDRESS	999 Ponce de Leon Blvd., Suite 1000
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Coral Gables, Florida 33134
TITLE		3.1 TITLE	T. ☒ Change ☐ Addition
NAME		3.2 NAME	WALD, DENNIS E.
STREET ADDRESS		3.3 STREET ADDRESS	999 Ponce de Leon Blvd., Suite 1000
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Coral Gables, Florida 33134
TITLE		4.1 TITLE	S. ☐ Change ☐ Addition
NAME		4.2 NAME	WALD, DENNIS E.
STREET ADDRESS		4.3 STREET ADDRESS	999 Ponce de Leon Blvd., Suite 1000
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Coral Gables, Florida 33134
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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] DENNIS E. WALD 1/26/95 (305) 445-0044
SIGN HERE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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