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 PM 6:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V58487** **(2)**

1. Corporation Name

ABRAHAM/MIAMI, INC.

300001471853
-05/02/95--01158--002
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1111 LINCOLN ROAD SUITE 500 MIAMI BEACH FL 33139	1111 LINCOLN ROAD SUITE 500 MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 08/10/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 6600 S.W. 57TH AVE
22: Suite, Apt. #, etc.:
23: City & State: MIAMI, FL.
24: Zip: 33143
25: Country:

2a. Mailing Address
26: 6600 S.W. 57TH AVE
27: Suite, Apt. #, etc.:
28: City & State: MIAMI, FL.
29: Zip: 33143
30: Country:

4. FEI Number: 65-0363123 ☐ 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

DANIELS, NICHOLAS M.
1111 LINCOLN ROAD
SUITE 500
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name: BRYER WARREN
82 Street Address (P.O. Box Number is Not Acceptable): 6600 S.W. 57TH AVE
83:
84 City: MIAMI FL 85 Zip Code: 33143

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: Warren Bryer /WARREN BRYER 4-25-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	ABRAHAM, ANTHONY B.	12 NAME		
STREET ADDRESS	4181 SW 8 ST	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	ABRAHAM, THOMAS G.	22 NAME		
STREET ADDRESS	6600 SW 57 AVE	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	MALOUF, THOMAS H.	32 NAME		
STREET ADDRESS	3109 MOSS DALE LANE	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	34 CITY ST ZIP		
TITLE	AS	41 TITLE		☐ Change ☐ Addition
NAME	BRYER, WARREN	42 NAME		
STREET ADDRESS	6600 SW 57 AVE	43 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: Warren Bryer /WARREN BRYER 4-25-95 305-448-7000
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0147215 CP