**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 APR 18 PM 6:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V64295 (1)

1. Corporation Name
LEVEY, MARTUS & GILBERT, P.A.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
~~1101 BRICKELL AVE~~
~~SUITE 1100~~
MIAMI FL 33131

Mailing Address
~~1101 BRICKELL AVE~~
~~SUITE 1100~~
MIAMI FL 33131

3. Date Incorporated or Qualified: 09/16/1992
3a. Date of Last Report: 03/18/1994

2. Principal Place of Business
21 100 SE Second Street
Suite, Apt #, etc.
22 Suite 1250
City & State
23 Miami, FL
Zip
24 33131
Country
25 USA

2a. Mailing Address
26 100 SE Second Street
Suite, Apt. #, etc.
27 Suite 1250
City & State
28 Miami, FL
Zip
29 33131
Country
30 USA

4. FEI Number: 65-0356149 ☐ 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

9. Name and Address of Current Registered Agent
~~MARTUS, JAY A~~
~~1101 BRICKELL AVE~~
~~SUITE 1100~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent
81 Name: Jeffrey E. Levey
82 Street Address (P.O. Box Number is Not Acceptable): 100 SE Second Street
83 Suite 1250
84 City: Miami FL 85 Zip Code: 33131

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 Jeffrey E. Levey/ [signature] 4/03/95
Signature, typed or printed name of registered agent and title if applicable — (Agent signature required when reinstating) — DATE

| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|---|---|
| TITLE | DP | 11 TITLE | ☒ Change ☐ Addition |
| NAME | MARTUS, JAY A | 12 NAME | |
| STREET ADDRESS | ~~1101 BRICKELL AVE #1100~~ | 13 STREET ADDRESS | 4651 Sheridan Street, Suite 400 |
| CITY-ST-ZIP | ~~MIAMI FL~~ | 14 CITY-ST-ZIP | Hollywood FL 33021 |
| TITLE | DVS | 21 TITLE | ☒ Change ☐ Addition |
| NAME | LEVEY, JEFFREY E | 22 NAME | |
| STREET ADDRESS | ~~1101 BRICKELL AVE #1100~~ | 23 STREET ADDRESS | 100 SE 2nd St., Suite 1250 |
| CITY-ST-ZIP | MIAMI FL | 24 CITY-ST-ZIP | Miami, FL 33131 |
| TITLE | ~~DT~~ | 31 TITLE | ☒ Change ☐ Addition |
| NAME | ~~GILBERT, ROBERT C~~ | 32 NAME | |
| STREET ADDRESS | ~~1101 BRICKELL AVE #1100~~ | 33 STREET ADDRESS | |
| CITY-ST-ZIP | ~~MIAMI FL~~ | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 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:** Jay A. Martus, President [signature] Pres 3/31/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0132500 CP