## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **V67952**

1. Corporation Name

KUTNER, RUBINOFF, BUSH & LERNER, P.A.

							)		
Principal Place of Business Mailing Address						1 (44)	),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*** • **** • **** • **** • ***	.,
501 N.E. 1ST AVENUE MIAMI FL 33132		501 N.E. 1ST AVE MIAMI FL 33132	501 N.E. 1ST AVENUE Miami FL 33132				DO NOT WRITE IN TH	IIS SPACE	
						3. Date Incorporate	ed or Qualifed		<del></del>
						10/01/1992			
2 Principal Pi	lace of Business	2a. Mailing Addr	ess			4. FEI Number	<del></del>	App	lied For
21		26				65-0358728		Not	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			\$8.75 Additional			
22		27	27			5. Certificate of Status Desired Fee Required			
City & State		City & State	City & State			6. Election Campa	6. Election Campaign Financing \$5.00 May Be		
23		28	28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip		Country		8. This corporation	owes the current year		_
24	25	29	30			Personal Proper			□No
9. Name and Address of Current Registered Agent						10. Name and Add	ress of New Register	ed Agent	
D. ID.	WALL FOWARD AFOALD			81	Name				
	INOFF, EDWARD GERALD				Street Ac	dress (P.O. Box Number	is Not Acceptable)		
	N.E. 1ST AVEUE								
MAIM	AI FL 33132			83					
				84	City			. 85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a					•			L	
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Such chan	ide was author	izea by	the corpora	ation's board of directors.	I hereby accept the ap	pointment as reg	istered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Regis	tered Ager	it signature req	uired when reinstating)	DATE		
12.		AND DIRECTORS		13.			NGES TO OFFICERS	AND DIRECTOR	
TITLE	D	D	ELETE	1.1 TITLE				Change	☐ Addition
NAME	KUTNER, ARNO			1.2 NAME					
STREET ADDRESS	501 N.E. 1ST AVENUE			1.3 STREET	ADDRESS				•
CITY-ST-ZIP	MIAMI FL			1.4 CITY-S'	T-ZIP				
TITLE	D		ELETE :	2 1 TITLE				☐ Change	Addition
NAME	RUBINOFF, EDWARD GERAI	LD CL		22 NAME					
STREET ADDRESS	CALALE ACT ALCOHOLE			2.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL			2. 4 CITY-5	T-ZIP		,,		
TITLE			ELETE :	3.1 TITLE				Change	Addition
NAME			3	3.2 NAME					
STREET ADDRESS			] :	3.3 STREE	FADDRESS				
CITY-ST-ZIP			;	3.4. CITY-S	T-ZIP				
TITLE			ELETE	4.1 TITLE				Change	☐ Addition
NAME			•	4. 2 NAME					
STREET ADDRESS			<b>.</b>	4 3 STREE	TADORESS				
CITY-ST-ZIP				4 4 CITY-S	T-ZIP				
TITLE				51 TITLE	1			☐ Change	☐ Addition
NAME				5.2 NAME					
STREET ADDRESS					T ADDRESS				
CITY ST 7ID	1		į.	5.4 CITY-S	T-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 on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ DELETE

Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90003 007 \*\*\*550.00

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Change

Addition