

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 464623 (8)

1. Corporation Name

JERRY I. SOKOLOW C.P.A., P.A.

FILED
95 AUG -7 AM 10: 57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

1680 NE 135TH ST. STE 255
MIAMI FL 33181

Mailing Address

1680 NE 135TH ST. STE 255
MIAMI FL 33181

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/05/1974

3a. Date of Last Report

01/25/1994

2. Principal Place of Business

21 1680 NE 135TH ST

2a. Mailing Address

26 1680 NE 135TH ST

Suite, Apt. #, etc.

22 102

Suite, Apt. #, etc.

27 102

City & State

23 MIAMI FL

City & State

28 MIAMI, FL

Zip

24 33181

Country

Zip

29 33181

Country

30

4. FEI Number

65-0122132

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 (32)
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SOKOLOW, JERRY

1680 NE 135TH ST, STE 255

MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PDS

NAME

SOKOLOW, JERRY

STREET ADDRESS

1680 NE 135TH STE, 255

CITY - ST - ZIP

MIAMI, FL 00000

TITLE

S

NAME

SOKOLOW, JERRY

STREET ADDRESS

1680 NE 135TH STE, 255

CITY - ST - ZIP

MIAMI, FL 00000

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONAL CHANGES TO OFFICER OR DIRECTOR LIST

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1680 NE 135TH ST. SUITE 102
MIAMI FL 33181

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

1680 NE 135TH ST, SUITE 102
MIAMI FL 33181

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY SOKOLOW

AUG 2 1995

305 895 8955