FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # V20191 (5)

1. Corporation Name

MICHELE COHEN & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
2801 NE 183RD ST SUITE 1404 N MIAMI BEACH FL 33160	2801 NE 183RD ST SUITE 1404 N MIAMI BEACH FL 33160

2. Principal Place of Business 21 2100 NE 191st Drive	2a. Mailing Address 26 2100 NE 191st Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 N. Miami FL.	City & State 28 N Miami FL.
Zip / Country 24 33179 / 25 U.S	Zip / Country 29 33179 / 30 U.S

3. Date Incorporated or Qualified 03/09/1992	3a. Date of Last Report 03/17/1995
4. FEI Number 65-0327603	☐ 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

HYMAN, STANLEY
~~2801 NE 183RD ST.~~
~~N. MIAMI BCH. FL 33160~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 2100 NE 191st Drive

83

84 City N. Miami FL 85 Zip Code 33179

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 _____ DATE _____
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	P ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	COHEN, MICHELLE	1.2 NAME	
STREET ADDRESS	~~2801 N.E. 183RD ST. #1404~~	1.3 STREET ADDRESS	2100 NE 191st Drive
CITY-ST-ZIP	~~N. MIAMI BEACH FL~~	1.4 CITY-ST-ZIP	N. Miami FL. 33179
TITLE	ST ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	HYMAN, STANLEY M	2.2 NAME	
STREET ADDRESS	~~2801 NE 183RD ST. #1404~~	2.3 STREET ADDRESS	2100 NE 191st Drive
CITY-ST-ZIP	~~N. MIAMI BEACH FL 33160~~	2.4 CITY-ST-ZIP	N. Miami FL. 33179
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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)(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: _____ Stanley Hyman 4/26/96 305-933-4960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)