FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

FILED
95 JAN 25 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **477843** **(7)**

1. Corporation Name
HOWARD P. HARRENSTIEN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
6731 S.W. 88 Terrace Miami, FL 33156	P.O. Box 561507 Miami, FL 33256-1507

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/01/1975
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business
21 6731 S.W. 88 Terrace
Suite, Apt. #, etc. 22
City & State 23 Miami, FL 33156
Zip 24 33156 Country 25 USA

2a. Mailing Address
26 P.O. Box 561507
Suite, Apt. #, etc. 27
City & State 28 Miami, FL
Zip 29 33256-1507 Country 30 USA

4. FEI Number: 59-1840697 ☐ 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

HARRENSTIEN, LEONA
618 JERONIMO DRIVE
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 6731 S.W. 88 Terrace
83
84 City Miami, FL 85 Zip Code 33156

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 Leona Harrenstien
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	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	HARRENSTIEN, HOWARD P.	1.2 NAME		
STREET ADDRESS	618 JERONIMO DRIVE	1.3 STREET ADDRESS	6731 S.W. 88 Terrace	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Miami, FL 33156	
TITLE	S	2.1 TITLE		☒ Change ☐ Addition
NAME	HARRENSTIEN, LEONA	2.2 NAME		
STREET ADDRESS	618 JERONIMO DRIVE	2.3 STREET ADDRESS	6731 S.W. 88 Terrace	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Miami, FL 33156	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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)(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.

SIGNATURE: Leona Harrenstien Secretary 1/19/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
305-665-2408

6160761 CR