

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 601391 (6)

1. Corporation Name

PATRICIA E. KAHN, P.A.



Principal Place of Business

Mailing Address

2675 S. BAYSHORE DR. SUITE 202
MIAMI FL 33133

2675 S. BAYSHORE DR. SUITE 202
MIAMI FL 33133

2. Principal Place of Business

2a. Mailing Address

21 3326 Mary Street

26 3326 Mary Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 202

27 Suite 202

City & State

City & State

23 Miami, Florida

28 Miami, Florida

Zip

Country

Zip

Country

24 33133

25 Dade

29 33133

30 Dade

9. Name and Address of Current Registered Agent

KAHN, PATRICIA E.
2675 S. BAYSHORE DR., SUITE 100
MIAMI FL 33133

3. Date Incorporated or Qualified

09/12/1969

3a. Date of Last Report

05/18/1995

4. FEI Number

59-1273648

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

10. Name and Address of New Registered Agent

81 Name

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

3326 Mary Street, Suite 202

84 City

Miami

FL

85 Zip Code
33133

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 title if applicable

Patricia E. Kahn

(NOTE: Registered Agent signature required when reinstating)

3/15/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME KAHN, PATRICIA E.
STREET ADDRESS 2675 S. BAYSHORE DR.
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS 3326 Mary Street, Suite 202
14 CITY-ST-ZIP Miami, FL 33133

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia E. Kahn

3/15/96

(305)
444-5552

DATE

TELEPHONE #

CR2E034 (12/95)