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

PROFIT CORPORATION ANNUAL REPORT
AMENDED 1998

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

FILED
98 JUN -5 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 603891

1. Corporation Name

COHEN, CHASE & HOFFMAN, P.A.

Principal Place of Business	Mailing Address
9400 S. DADELAND BLVD. SUITE 600 MIAMI, FL 33156	9400 S. DADELAND BLVD. SUITE 600 MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/72
4. FEI Number: 59-1423692 — ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

COHEN, HERBERT JAY
9400 S. DADELAND BLVD., SUITE 600
MIAMI, FL 33156

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 Zip Code

552917 -- 5
06/09/98 -- 01068 -- 004
*****61.25 *****61.25

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 ______________________ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	COHEN, HERBERT JAY	1 2 NAME	
STREET ADDRESS	9400 S. DADELAND BLVD., SUITE 600	1 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33156	1 4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	2 1 TITLE	VSATD ☒ Change ☐ Addition
NAME	CHASE, ALAN R.	2 2 NAME	CHASE, ALAN R.
STREET ADDRESS	9400 S. DADELAND BLVD., SUITE 600	2 3 STREET ADDRESS	9400 S. DADELAND BLVD., SUITE 600
CITY-ST-ZIP	MIAMI, FL 33156	2 4 CITY-ST-ZIP	MIAMI, FL 33156
TITLE	ASVD ☐ DELETE	3 1 TITLE	VASTD ☒ Change ☐ Addition
NAME	HOFFMAN, FREDRIC A.	3 2 NAME	HOFFMAN, FREDRIC A.
STREET ADDRESS	9400 S. DADELAND BLVD., SUITE 600	3 3 STREET ADDRESS	9400 S. DADELAND BLVD., SUITE 600
CITY-ST-ZIP	MIAMI, FL 33156	3 4 CITY-ST-ZIP	MIAMI, FL 33156
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	

CR2E034 (10/97)

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

SIGNATURE: Herbert Jay Cohen, REG AGENT 6/2/98 (305) 670-0201