

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 # 624527 (8)

1. Corporation Name
IRMA HOFF REALTY CORP.



Principal Place of Business

925 ARTHUR GODFREY RD.
P.O. BOX 40-2743
MIAMI BEACH FL 33140

Mailing Address

925 ARTHUR GODFREY RD.
P.O. BOX 40-2743
MIAMI BEACH FL 33140

3. Date Incorporated or Qualified 06/29/1979	3a. Date of Last Report 07/07/1995
4. FEI Number 59-1924431	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	

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

BERKMAN JASON M
SUITE 1000
444 BRICKELL AVE
MIAMI FL

10. Name and Address of New Registered Agent

81. Name MILTON HOFF
82. Street Address (P.O. Box Number is Not Acceptable) 5660 COLLINS AVE APT 113
83. City
84. City MIAMI BEACH, FL FL
85. Zip Code 33140

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 607.0506, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and Florida address

[Signature]
Date: Registered Agent signed and registered with filing

4/29/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
	HOFF, IRMA	925 ARTHUR GODFREY RD	MIAMI BCH., FL 00000	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ DELETE
	BERKMAN, JASON M.	444 BRICKELL AVE	MIAMI, FL 00000	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
	HOFF, MILTON	925 ARTHUR GODFREY RD.	MIAMI BEACH FL	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 any address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
DATE

4/29/96

305 672-7777
Daytime Phone #

CR2E034 (12/95)