FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

FILED
95 MAR 21 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 669495 (4)

1. Corporation Name
DAVID M. SOSTCHIN, P.A.

Principal Place of Business
~~1600 W. 49TH ST.~~
~~SUITE 232~~
~~HIALEAH FL 33012~~

Mailing Address
~~1600 W. 49TH ST.~~
~~SUITE 232~~
~~HIALEAH FL 33012~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/08/1980
3a. Date of Last Report: 02/03/1994

2. Principal Place of Business
21 4160 W. 16TH AVE
Suite, Apt. #, etc.
22 SUITE 504
City & State
23 HIALEAH, FL
Zip 24 33012 Country 25 DADE

2a. Mailing Address
20 4160 W 16TH AVE
Suite, Apt. #, etc.
27 SUITE 504
City & State
28 HIALEAH, FL
Zip 29 33012 Country 30 DADE

4. FEI Number: 59-1995893 — 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
SOSTCHIN, DAVID M.
~~1600 W 49TH ST #232~~
~~HIALEAH FL 33012~~

10. Name and Address of New Registered Agent
81 Name: DAVID M. SOSTCHIN
82 Street Address (P.O. Box Number is Not Acceptable): 4160 W 16TH AVE #504
83
84 City: HIALEAH FL 85 Zip Code: 33012

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

12. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	SOSTCHIN, DAVID M
STREET ADDRESS	~~1600 W 49TH ST #232~~ 4160 W. 16TH AVE.
CITY, ST, ZIP	~~HIALEAH FL~~ SUITE 504, HIALEAH, FL. 33012
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
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	

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****200.00 ****200.00

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 hereby certify that the information indicated on the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of the report, or is added to the report herein.

SIGNATURE: 3/14/95 (305) 364-0962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID M. SOSTCHIN