

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 # F96261 (5)

1. Corporation Name

LAW OFFICE OF DON S. COHN, P.A.



Principal Place of Business

1504 N.W. 14TH ST.
MIAMI FL 33125

Mailing Address

1504 N.W. 14TH ST.
MIAMI FL 33125

2. Principal Place of Business

2a. Mailing Address

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

9. Name and Address of Current Registered Agent

COHN, DON S
1504 N.W. 14TH ST.
MIAMI FL 33125

3. Date Incorporated or Qualified	3a. Date of Last Report
08/20/1982	05/01/1995
4. FEI Number	Applied For
59-2237509	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)
83	
84	City
FL	85 Zip Code

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 607.0509, Florida Statutes.

SIGNATURE

Signature of person submitting this report (if not the same as...

Signature of Registered Agent (if not the same as...

Date

12. OFFICERS AND DIRECTORS

12.1	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
12.2	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
12.3	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
12.4	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
12.5	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition
13.2	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition
13.3	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition
13.4	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition
13.5	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition
13.6	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition
13.7	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition
13.8	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition
13.9	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition
13.10	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition

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

DON S. COHN

3/12/96

305 324-1649

CR2E034 (12/95)