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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G68563** (7)

1. Corporation Name

HOWJEN CORP.



Principal Place of Business

Mailing Address

**9705 SW 133RD COURT
MIAMI FL 33186**

**9705 SW 133RD COURT
MIAMI FL 33186**

3. Date Incorporated or Qualified

11/03/1983

3a. Date of Last Report

01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KURZBAN, MARVIN, ESQ.
2650 SW 27 AVE 2ND FLR
MIAMI FL 33133**

81 Name

SANFORD H. COHEN

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

9705 SW 133 CT

83

84 City

MIAMI

FL

85

Zip Code

33186

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

SANFORD H. COHEN

Sanford H. Cohen

4/6/96

Signature, typed or printed name of registered agent and the corporation

Signature, typed or printed name of registered agent and the corporation

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

COHEN, SANFORD H

STREET ADDRESS

9705 SW 133RD CT

CITY- ST- ZIP

MIAMI, FL 00000

TITLE

VD

☐ DELETE

NAME

COHEN, PHYLLIS

STREET ADDRESS

9705 SW 133RD CT

CITY- ST- ZIP

MIAMI, FL 00000

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

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NAME

STREET ADDRESS

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STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

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:

Sanford H. Cohen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/96 (905) 385-2204
Date of Filing

CR2E034 (12/95)