

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 9:54

DOCUMENT # **H40714 (8)**
1. Corporation Name
SOFFER/ORLANDO, INC.

Principal Place of Business Mailing Address
19495 BISCAYNE BLVD. #408
C/O R. J. PARELLO
AVENRURA FL 33180

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/21/1985** 3a. Date of Last Report **03/02/1994**
4. FEI Number **59-2365635** 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 **2875 N.E. 191st St** 26 **2875 N.E. 191st St**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **400** 27 **400**
City & State City & State
23 **Aventura, FL** 28 **Aventura, FL**
Zip Country Zip Country
24 **33180** 25 **Dade** 29 **33180** 30 **Dade**

9. Name and Address of Current Registered Agent
PARELLO, R. J.
19495 BISCAYNE BLVD. #408
AVENTURA FL 33180

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, last or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	SOFFER, DONALD
STREET ADDRESS	19495 BISCAYNE BLVD.
CITY - ST - ZIP	AVENTURA FL
TITLE	S
NAME	KESSLER, EUGENE
STREET ADDRESS	19495 BISCAYNE BLVD.
CITY - ST - ZIP	AVENTURA FL
TITLE	D
NAME	REDLICH, BERNARD
STREET ADDRESS	19495 BISCAYNE BLVD.
CITY - ST - ZIP	AVENTURA FL
TITLE	D
NAME	REDLICH, LEONARD
STREET ADDRESS	19495 BISCAYNE BLVD.
CITY - ST - ZIP	AVENTURA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2875 N.E. 191st St. #400
1.4 CITY - ST - ZIP	Aventura, FL 33180
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2875 N.E. 191st St. #400
2.4 CITY - ST - ZIP	Aventura, FL 33180
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2875 N.E. 191st St. #400
3.4 CITY - ST - ZIP	Aventura, FL 33180
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	2875 N.E. 191st St. #400
4.4 CITY - ST - ZIP	Aventura, FL 33180
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(b), 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. 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 of this report, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
D. SOFFER

2/12/95
Date
305/937-6700
Telephone