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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 17 PM 1:04

DOCUMENT # J29117 (5)

1. Corporation Name

MISHAN, SLOTO, HOFFMAN & GREENBERG, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

200 S. BISCAYNE BLVD.
SUITE 2350
MIAMI FL 33131
US

Mailing Address

200 S. BISCAYNE BLVD.
SUITE 2350
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/08/1986

3a. Date of Last Report

06/15/1994

4. FEI Number

-50-2438400 59-2725362

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOFFMAN, FREDRIC A.
SUITE 2350
200 S. BISCAYNE BOULEVARD
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD
NAME HOFFMAN, FREDRIC A.
STREET ADDRESS 200 S. BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS Suite 2350
1.4 CITY-ST-ZIP 33131

TITLE PD
NAME MISHAN, STEVEN
STREET ADDRESS 200 S. BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS Suite 2350
2.4 CITY-ST-ZIP 33131

TITLE VD
NAME SLOTO, JAMES R.
STREET ADDRESS 200 S. BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS Suite 2350
3.4 CITY-ST-ZIP 33131

TITLE VD
NAME GREENBERG, BARRY N.
STREET ADDRESS 200 S. BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS Suite 2350
4.4 CITY-ST-ZIP 33131

TITLE V
NAME COX, CAROL L.
STREET ADDRESS 200 S. BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS Suite 2350
5.4 CITY-ST-ZIP 33131

TITLE
NAME
STREET ADDRESS
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 110.07(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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-95

Date

305-379-1792

Telephone Number