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FILED

May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J94229 (8)

1. Corporation Name  
HOWARD SOHN, P.A.

Principal Place of Business  
2534 SOUTHWEST SIXTH STREET  
MIAMI FL 33135-9926

Mailing Address  
2534 SOUTHWEST SIXTH STREET  
MIAMI FL 33135-2826



3. Date Incorporated or Qualified 09/28/1987  
3a. Date of Last Report 04/26/1996

2. Principal Place of Business  
21 3191 CORAL WAY

2a. Mailing Address  
26 3191 CORAL WAY

4. FEI Number 65-0032131  
Applied For Not Applicable

22 Suite, Apt. #, etc.  
SUITE 1010

27 Suite, Apt. #, etc.  
SUITE 1010

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State  
MIAMI FL.

28 City & State  
MIAMI FL.

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33145 25 Country DADE

29 Zip 33145 30 Country DADE

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SOHN, HOWARD  
2534 SOUTHWEST SIXTH STREET  
MIAMI FL 33135-9926

10. Name and Address of New Registered Agent

81 Name HOWARD SOHN  
82 Street Address (P.O. Box Number is Not Acceptable)  
3191 CORAL WAY  
83 SUITE 1010  
84 City MIAMI FL 85 Zip Code 33145

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME SOHN, HOWARD  
STREET ADDRESS 6801 GRANADA BLVD.  
CITY-ST-ZIP CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

CR2E034 (9/96)