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Mar 28 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 # L31794 (5)

1. Corporation Name

HOWARD HOCHSZTEIN, P.A.

Principal Place of Business	Mailing Address
~~299 NE 191 Street~~ ~~Suite 900~~ ~~Aventura, Fl 33180~~	~~299 NE 191 Street~~ ~~Suite 900~~ ~~Aventura, Fl 33180~~

3. Date Incorporated or Qualified: 11/27/1989
3a. Date of Last Report: 04/22/1996

2. Principal Place of Business	2a. Mailing Address
21 2999 NE 191 Street	26 2999 NE 191 Street
22 Suite 900	27 Suite 900
23 Aventura, Florida	28 Aventura, Florida
24 Zip 33180 / 25 Country USA	29 Zip 33180 / 30 Country USA

4. FEI Number: 65-0158959 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~Hochsztein, Fred~~ ~~299 NE 191 Street~~ ~~Suite 900~~ ~~Aventura, Fl 33180~~	81 Name: Fred Hochsztein 82 Street Address (P.O. Box Number is Not Acceptable): 2999 NE 191 Street 83 Suite 900 84 City: Aventura FL 85 Zip Code: 33180

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: Fred H (Signature of new registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 2/26/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition
	D Hochsztein, Fred ~~299 NE 191 Street Suite 900~~ ~~Aventura, Fl. 33180~~		2999 NE 191 Street Suite 900
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
	D Hochsztein, Howard 8630 N.W. 46th Street Lauderhill, Fl		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 000002127840 -03/28/97--01139--033 ***165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I declare that I have read the foregoing and that the facts stated in it are true. I 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; that I am a director or officer 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: Fred H Fred Hochsztein, Director 2/28/97 (305) 682-1328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #