

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

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
---	---------------------------------------

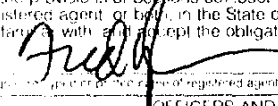
2. Principal Place of Business	2a. Mailing Address
21 2999 NE 191 Street Suite 900 City & State Aventura, Florida Zip 33180 Country USA	26 2999 NE 191 Street Suite, Apt. #, etc. Suite 900 City & State Aventura, Florida Zip 33180 Country USA

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	
Hochsztein, Fred 299-NE-191-Street- Suite-900 Aventura, FL-33180-	

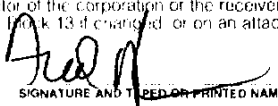
10. Name and Address of New Registered Agent	
81 Name Fred Hochsztein	
82 Street Address (P.O. Box Number is Not Acceptable) 2999 NE 191 Street	
83 Suite 900	
84 City Aventura	85 Zip Code FL 33180

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:  DATE: 2/28/97

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

14. I, the undersigned, 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 included 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:  Fred Hochsztein, Director 2/28/97 (305) 682-1328

CR2E034 (9/96)