

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L32099 (8)

1. Corporation Name

BARRY R. COHEN & ASSOCIATES, A PROFESSIONAL ASSO
CIATION



Principal Place of Business

Mailing Address

100 N BISCAYNE BLVD
2810
MIAMI FL 33132
US

100 N BISCAYNE BLVD
2810
MIAMI FL 33132
US

3. Date Incorporated or Qualified
11/28/1989

3a. Date of Last Report
08/21/1995

2. Principal Place of Business

2a. Mailing Address

21 The Gallery at Bay Harbor

26 1150 96th St. (Same)

22 Suite, Apt. #, etc
400

27 Suite, Apt. #, etc
400

23 City & State
Bay Harbor Island FL.

28 City & State
Bay Harbor Island FL.

24 Zip
33154

25 Country
DADE

29 Zip
33154

30 Country
DADE

4. FEI Number
NOT APPLICABLE

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

COHEN, BARRY R.
100 N BISCAYNE BLVD
STE 2810
MIAMI FLORIDA 33132

81 Name
Cohen Barry R.

82 Street Address (P.O. Box Number is Not Acceptable)
1150 96 St. #400

83

84 City
Bay Harbor Island

FL

85 Zip Code
33154

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 in printed name of registered agent and the applicable

(Date) Registered Agent signature required when re-appointing

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
D
COHEN, BARRY R.
STREET ADDRESS
100 N BISCAYNE BLVD 2810
CITY-ST-ZIP
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
Director
Barry R. Cohen
1150 96 St #400
Bay Harbor Island FL 33154

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/96 305 865 4441
Typed Name #

CR2E034 (3/96)