


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

FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 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 ASSOCIATION			
Principal Place of Business THE GALLERY AT BAY HARBOR SUITE 400 BAY HARBOR ISLAND FL 33154 US		Mailing Address 1150 96TH STREET SUITE 400 BAY HARBOR FL 33154 US	
2. Principal Place of Business 21 291 SW 27 Ave Suite, Apt. #, etc. 22 2nd Floor City & State 23 Miami, FL Zip 24 33135 Country 25 Dade		2a. Mailing Address 26 291 SW 27 Ave Suite, Apt. #, etc. 27 2nd Floor City & State 28 Miami, FL Zip 29 33135 Country 30 Dade	
9. Name and Address of Current Registered Agent COHEN, BARRY R. 1150 96TH STREET SUITE 400 BAY HARBOR ISLAND FL 33154		10. Name and Address of New Registered Agent 81 Name Barry R. Cohen 82 Street Address (P.O. Box Number is Not Acceptable) 291 SW 27th Ave 83 2nd Floor 84 City Miami FL 85 Zip Code 33135	
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 reinstating)		4/20/98 DATE	
12. OFFICERS AND DIRECTORS TITLE D NAME COHEN, BARRY R. STREET ADDRESS 1150 96TH STREET #400 CITY-ST-ZIP BAY HARBOR FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 291 S.W. 27 Ave. 2nd Floor 1.4 CITY-ST-ZIP Miami, FL 33135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/28/1989	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

14. 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 an officer or director of the corporation or the registered agent 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 (10/97)