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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **L93765** (0)

1. Corporation Name
SONIA YAHR-SCHNEIDER, P.A.

Principal Place of Business Mailing Address

**3550 BISCAYNE BLVD., STE. 601
MIAMI FL 33137** **3550 BISCAYNE BLVD., STE. 601
MIAMI FL 33137**

DO NOT WRITE IN THIS SPACE.

| | | | | | |
|--|---------------------------|---------------------------------------|-----------------------|---|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Cashed | 3a. Date of Last Report |
| 21 | 801 N. Venetian Dr | 26 | PO Box 398676 | 07/09/1990 | 05/01/1994 |
| Suite, Apt. #, etc. Suite 1106 | | Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| City & State Miami FL | | City & State Miami Beach FL | | 65-0241579 | Not Applicable |
| 22 | | 27 | | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 | Zip 33139 | 29 | Zip 33239-8676 | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Country USA | | Country USA | | |

| | | | | | | | |
|---|--|--|--|---|---------------------------------|----------|-----------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| SONIA YAHR-SCHNEIDER 3550 BISCAYNE BLVD., SUITE 601 MIAMI FL 33137 | | | | 81 Name | same | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | 801 N. Venetian Dr #1106 | | |
| | | | | 83 | | | |
| | | | | 84 City | Miami | 85 State | FL |

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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | D | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YAHR-SCHNEIDER, SONIA | 1.2 NAME | |
| STREET ADDRESS | 3550 BISCAYNE BLVD, #601 | 1.3 STREET ADDRESS | 801 N. Venetian Dr. Suite 1106 |
| CITY - ST - ZIP | MIAMI FL | 1.4 CITY - ST - ZIP | Miami FL 33139 |
| TITLE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 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)(b), Florida Statute. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Sonia Yahr-Schneider 4/16/95 305-576-9980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR