

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
JENNIFER B. MORTIMER  
Secretary of State  
TALLAHASSEE, FLORIDA 32399-0400

APPROVED  
AND  
FILED

MAY 1 1995

**DOCUMENT # M03625**

**(4)**

1. Corporation Name

**SOCHET & COMPANY, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**5701 SUNSET DR  
SUITE 315  
S MIAMI FL 33143**

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SUITE 315  
S MIAMI FL 33143**

Do not write in this space

3. Date of Incorporation (or Qualification)

3a. Date of Last Report

**08/06/1984**

**07/01/1994**

4. FID Number

Applied For

**59-2436797**

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 (3)(b)  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. State of Incorporation

26. State of Incorporation

22. City & State

27. City & State

23. City & State

28. City & State

24. City & State

29. City & State

30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOCHET, IRA  
5701 SUNSET DR  
SUITE 315  
MIAMI FL 33143**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(4), 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. Therefore, accept the appointment as registered agent. I am familiar with and understand the provisions of Section 607.01(2), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Agent for Service)

(Signature of Registered Agent or Agent for Service)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

NAME  
**CD  
SOCHET, IRA  
5701 SUNSET DR #315  
S MIAMI FL**

1. NAME  
2. NAME  
3. STREET ADDRESS  
4. CITY & STATE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY & STATE

2. NAME  
3. NAME  
4. STREET ADDRESS  
5. CITY & STATE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY & STATE

6. NAME  
7. NAME  
8. STREET ADDRESS  
9. CITY & STATE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY & STATE

10. NAME  
11. NAME  
12. STREET ADDRESS  
13. CITY & STATE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY & STATE

14. NAME  
15. NAME  
16. STREET ADDRESS  
17. CITY & STATE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY & STATE

18. NAME  
19. NAME  
20. STREET ADDRESS  
21. CITY & STATE

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199 (3)(b), 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 registered agent or broker empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on any amendment with an address.

SIGNATURE

*IRA Sochet* **IRA Sochet** 4/28/95 (305) 665-6841

(Signature of Registered Agent or Agent for Service)