FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

/ 1995

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

APPROVED AND FILED

95 MAY -1 AM 10:04

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DOCUMENT # P94000041165

1. Corporation Name
SOKOL & SOKOL, C.P.A., P.A.

Principal Place of Business	Mailing Address
14001 SW 104 PL MIA, FL 33176	14001 SW 104 PL MIA, FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 1/10/94
3a. Date of Last Report: 1/10/94

21 2. Principal Place of Business	26 2a. Mailing Address	4. FEI Number: 65-0460107	☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip / 25 Country	29 Zip / 30 Country	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
BRAD SOKOL 14001 SW 104 PL MIA FL 33176	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 [illegible]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES., TREAS.	11 TITLE	☐ Change ☐ Addition
NAME	SOKOL, BRAD	12 NAME	
STREET ADDRESS	14001 SW 104 PL	13 STREET ADDRESS	
CITY-ST-ZIP	MIA, FL 33176	14 CITY-ST-ZIP	
TITLE	V.P., SEC.	21 TITLE	☐ Change ☐ Addition
NAME	SOKOL, LAUREN	22 NAME	
STREET ADDRESS	14001 SW 104 PL	23 STREET ADDRESS	
CITY-ST-ZIP	MIA, FL 33176	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is true and accurate and 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 above, or on an attached sheet with an address.

SIGNATURE: [illegible] 4/26/95 305 252 [illegible]

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR AUTHORIZED OFFICER OR AGENT — Date — Daytime Telephone Number