

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000059389 (4)**

1. Corporation Name

MICHAEL A. COHEN, P.A.



Principal Place of Business

**2000 S DIXIE HWY
SUITE 100-R
MIAMI FL 33133**

Mailing Address

**2000 S DIXIE HWY
SUITE 100-R
MIAMI FL 33133**

3. Date Incorporated or Qualified
08/10/1994

3a. Date of Last Report
04/26/1995

4. FEI Number
65-0512459

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COHEN, MICHAEL A
2000 S DIXIE HWY
SUITE 100-R
MIAMI FL 33133**

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 607.0501 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 to file this report and I accept the obligations of Sections 119.07, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent (Signature Required when Filing)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE **P**
2. NAME **COHEN, MICHAEL A**
3. STREET ADDRESS **2000 S. DIXIE HIGHWAY, STE. 100-R**
4. CITY-STATE-ZIP **MIAMI FL**

☐ DELETE

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

☐ DELETE

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

☐ DELETE

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

☐ DELETE

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

☐ DELETE

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

☐ DELETE

25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY-STATE-ZIP

☐ DELETE

SIGNATURE: *Michael A. Cohen* **Michael A. Cohen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY-STATE-ZIP

37. TITLE

38. NAME

39. STREET ADDRESS

40. CITY-STATE-ZIP

CR2E034 (12/95)

4/25/96 (854) 478-2181

Daytime Phone #