

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000004501 (9)

1. Corporation Name

POLLOCK AND PENA, P.A.

Principal Place of Business

7700 N KENDALL DR
SUITE 515
MIAMI FL 33156

Mailing Address

7700 N KENDALL DR
SUITE 515
MIAMI FL 33156



2. Principal Place of Business

21 Same as above

22 State, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/18/1995

3a. Date of Last Report

4. FEI Number

65-0550805

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

9. Name and Address of Current Registered Agent

PENA, STEVEN M
7700 N KENDALL DR
SUITE 515
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

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

83

Same

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(1)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office in the State of Florida. Such change is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am authorized to accept the obligations of Section 607.06(6), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

DPT
POLLOCK, RICHARD C
4301 MONSERRATE
CORAL GABLES FL 33134
DVS
PENA, STEVEN M
1550 BRICKELL AVE APT 304B
MIAMI FL 33129

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

14. I 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)(k), Florida Statutes. I further certify that the information included on this annual report or biennial report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent or a person 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96

305 2986666

CR2E034 (12/95)