

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000024912 (3)

1. Corporation Name
DRACOS & ASSOCIATES, P.A.



Principal Place of Business
20803 BISCAYNE BLVD
SUITE 401
MIAMI FL 33180

Mailing Address
20803 BISCAYNE BLVD
SUITE 401
MIAMI FL 33180-1429

3. Date Incorporated or Qualified
03/15/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3909 NE 163rd Street

26 3909 NE 163rd Street

4. FEI Number
65-0145688

Applied For

Not Applicable

22 Suite #204

27 Suite #204

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State
North Miami Beach, FL

28 City & State
North Miami Beach, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip
33160

Country
USA

29 Zip
33160

Country
USA

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

KJOWSKI, LORI
20803 BISCAYNE BLVD
SUITE 401
MIAMI FL 33180

81 Name

Norma G. Kassner

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

3909 NE 163rd Street, Suite #204

83

84 City

North Miami Beach

FL

85 Zip Code
33180

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

Norma G. Kassner

April 30, 1997

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KJOWSKI, LORI	
STREET ADDRESS	20803 BISCAYNE BLVD STE 401	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	IOANNA PARRILLO	
1.3 STREET ADDRESS	3909 NE 163rd Street, Suite #204	
1.4 CITY-ST-ZIP	North Miami Beach, FL 33160	
2.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KASSNER, NORMA	
2.3 STREET ADDRESS	3909 NE 163rd Street, Suite #204	
2.4 CITY-ST-ZIP	North Miami Beach, FL 33160	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Norma G. Kassner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/97

(305) 931-4374

Date

Daytime Phone #

CR2E034 (9/96)