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FILED

May 06 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 # P96000078141 (4)

1. Corporation Name

STEVEN J. COHEN & ASSOCIATES, P.A.

Principal Place of Business

9100 SOUTH DADELAND BLVD. #1701
MIAMI FL 33156

Mailing Address

9100 SOUTH DADELAND BLVD. #1701
MIAMI FL 33156-7831

3. Date Incorporated or Qualified
09/19/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

#1701

22 City & State

23 Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

#1701

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0700607

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

STEVEN J. COHEN

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

9100 S. DADELAND BLVD.

83

#1701

84 City

MIAMI

FL

85 Zip Code

33156

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 all obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person or persons authorized to sign this statement

(NOTE: Registered Agent signature required when reinstating)

4/26/97

12. OFFICERS AND DIRECTORS

1.1 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
COHEN, STEVEN J
9100 SOUTH DADELAND BLVD. #1701
MIAMI FL 33156

DELETE

1.2 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

1.3 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

1.4 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

1.5 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

1.6 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)