

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V15486** (6)

1. Corporation Name

COHEN, BERKE, BERNSTEIN, BRODIE, KONDELL & LASZLO, P.A.

Principal Place of Business

Mailing Address

**2801 SO. BAYSHORE DRIVE
19TH FLOOR
MIAMI FL 33133**

**2801 SO. BAYSHORE DRIVE
19TH FLOOR
MIAMI FL 33133**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/17/1992

3a. Date of Last Report

04/14/1994

4. FEI Number

65-0336568

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TERREMARK CORPORATE AGENTS INC
2801 SO BAYSHORE DR
19 FLOOR
MIAMI FL 33133**

81 Name

COBER CORPORATE AGENTS, INC.

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

2601 So. Bayshore Dr., 19th Fl.

83

84 City

Miami

FL

85 Zip Code

33133

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to 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 obligation of, Section 607.0503, Florida Statutes.

4/7/95

SIGNATURE

[Signature]

MICHAEL A. BERKE, VICE PRESIDENT

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SO
NAME	BERNSTEIN, RICHARD N.
STREET ADDRESS	2801 SO BAYSHORE DR 19 FLOOR
CITY - ST - ZIP	MIAMI FL
TITLE	ATD
NAME	BRODIE, STEVEN J.
STREET ADDRESS	2801 SO BAYSHORE DR 19 FLOOR
CITY - ST - ZIP	MIAMI FL
TITLE	PO
NAME	COHEN, JEFFREY MICHAEL
STREET ADDRESS	2801 SO BAYSHORE DR 19 FLOOR
CITY - ST - ZIP	MIAMI FL
TITLE	VO
NAME	BERKE, MICHAEL A
STREET ADDRESS	2801 SO BAYSHORE DR 19 FLOOR
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	KONDELL, KAREN P
STREET ADDRESS	2801 SO BAYSHORE DR 19 FLOOR
CITY - ST - ZIP	MIAMI FL
TITLE	ASD
NAME	LASZLO, ANDREW P
STREET ADDRESS	2801 SO BAYSHORE DR 19 FLOOR
CITY - ST - ZIP	MIAMI FL

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TITLE OF OFFICER OR DIRECTOR
RICHARD N. BERNSTEIN, SECRETARY

4/7/95

Date

(305) 854-5900

Telephone Number