

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M95680 (8)**
1. Corporation Name
COOLIDGE, INC.



Principal Place of Business: **C/O KUPFER, KUPFER & SKOLNICK, P.A. 1700 UNIVERSITY DR. CORAL SPRINGS FL 33071-6089**
Mailing Address: **C/O KUPFER, KUPFER & SKOLNICK, P.A. 1700 UNIVERSITY DR. CORAL SPRINGS FL 33071-6089**

2. Principal Place of Business
21 State, Apt., A., etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 State, Apt., A., etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified: **08/24/1988**
3a. Date of Last Report: **02/07/1995**
4. FEI Number: **52-1529822**
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
KUPFER, PAUL H., ESQ. 1700 UNIVERSITY DR. CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS
1. TITLE: **PD** DELETE
NAME: **MENDOZA, NONITO**
STREET ADDRESS: **ZONA 1050 APT 51000**
CITY, ST, ZIP: **CARACAS, VENEZUELA**
2. TITLE: DELETE
NAME: **DEBREY, ANNA MARIA**
STREET ADDRESS: **ZONA 1050 APT 51000**
CITY, ST, ZIP: **CARACAS, VENEZUELA**
3. TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____
4. TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____
5. TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____
6. TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92
1. TITLE: Change Addition
2. NAME: _____
3. STREET ADDRESS: _____
4. CITY - ST - ZIP: _____
5. TITLE: Change Addition
6. NAME: _____
7. STREET ADDRESS: _____
8. CITY - ST - ZIP: _____
9. TITLE: Change Addition
10. NAME: _____
11. STREET ADDRESS: _____
12. CITY - ST - ZIP: _____
13. TITLE: Change Addition
14. NAME: _____
15. STREET ADDRESS: _____
16. CITY - ST - ZIP: _____
17. TITLE: Change Addition
18. NAME: _____
19. STREET ADDRESS: _____
20. CITY - ST - ZIP: _____
21. TITLE: Change Addition
22. NAME: _____
23. STREET ADDRESS: _____
24. CITY - ST - ZIP: _____
25. TITLE: Change Addition
26. NAME: _____
27. STREET ADDRESS: _____
28. CITY - ST - ZIP: _____
29. TITLE: Change Addition
30. NAME: _____
31. STREET ADDRESS: _____
32. CITY - ST - ZIP: _____
33. TITLE: Change Addition
34. NAME: _____
35. STREET ADDRESS: _____
36. CITY - ST - ZIP: _____
37. TITLE: Change Addition
38. NAME: _____
39. STREET ADDRESS: _____
40. CITY - ST - ZIP: _____
41. TITLE: Change Addition
42. NAME: _____
43. STREET ADDRESS: _____
44. CITY - ST - ZIP: _____
45. TITLE: Change Addition
46. NAME: _____
47. STREET ADDRESS: _____
48. CITY - ST - ZIP: _____
49. TITLE: Change Addition
50. NAME: _____
51. STREET ADDRESS: _____
52. CITY - ST - ZIP: _____
53. TITLE: Change Addition
54. NAME: _____
55. STREET ADDRESS: _____
56. CITY - ST - ZIP: _____
57. TITLE: Change Addition
58. NAME: _____
59. STREET ADDRESS: _____
60. CITY - ST - ZIP: _____
61. TITLE: Change Addition
62. NAME: _____
63. STREET ADDRESS: _____
64. CITY - ST - ZIP: _____

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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 119.07(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 on an attached report with an address.

SIGNATURE: *Anna Maria DeBrey* 2/16/96 954-755-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NO.