

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

FILED

**Feb 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33071-8089	Mailing Address C/O KUPFER, KUPFER & SKOLNICK, P.A. 1700 UNIVERSITY DR. CORAL SPRINGS FL 33071-8905
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3. Date Incorporated or Qualified 08/24/1988	3a. Date of Last Report 02/27/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country	23. FEI Number 52-1529822	24. Applied For Not Applicable
25. Certificate of Status Desired <input type="checkbox"/>	26. \$8.75 Additional Fee Required	27. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	28. \$5.00 May Be Added to Fees
29. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		30.	

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 FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MENDOZA, NONITO		1.2 NAME	
STREET ADDRESS ZONA 1050 APT 51000		1.3 STREET ADDRESS	
CITY-ST-ZIP CARACAS, VENEZUELA		1.4 CITY-ST-ZIP	
TITLE VTSD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEBREY, ANNA MARIA		2.2 NAME	
STREET ADDRESS ZONA 1050 APT 51000		2.3 STREET ADDRESS	
CITY-ST-ZIP CARACAS, VENEZUELA		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME V/O CELESTINO DIAZ MARSEFF	
STREET ADDRESS		3.3 STREET ADDRESS 5100 ZONA POSTAL 1050	
CITY-ST-ZIP		3.4 CITY-ST-ZIP CARACAS, VENEZUELA	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME P/O MARIA CAROLINA DIAZ LAUIE	
STREET ADDRESS		4.3 STREET ADDRESS 5100 ZONA POSTAL 1050	
CITY-ST-ZIP		4.4 CITY-ST-ZIP CARACAS, VENEZUELA	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Anna Maria de Frey* **2/6/97** (954) 755-3600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)