Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

□No

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F50142

1. Corporation Name

COLDSTEIN AND TAKEN DA

Principal Place of Business	Mailing Address
ONE BISCAYNE TOWER. SUITE 3250 TWO SOUTH BISCAYNE BLVD MAMI FL 33131	ONE BISCAYNE TOWER, SUITE 3250 TWO SOUTH BISCAYNE BLVD MIAMI FL 33131
÷	2a. Mailing Address
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
11	26
Suite, Apt. #, etc.	26 Suite, Apt. #, etc. 27

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90150 045 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

10/19/1981 4. FEI Number

59-2121827

5. Certifcate of Status Desired

Trust Fund Contribution

Personal Property Tax.

6. Election Campaign Financing

8. This corporation owes the current year Intangible

NAME GOLDSTEIN, RICHARD M 12 NAME 13 STREET ADDRESS CITY-ST-ZIP MIAMI, FLORIDA 0 DELETE 2.1 TITLE Change Add A	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
STE: 3250 - ONE BISCAYNE TOWER MIAMI, FLORIDA 33131 82 City FL 85 Zip Code 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 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, or point name of registered agent and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP	GOI	DETEIN DICHARD M	81	Name		;			
MIAMI, FLORIDA 33131 Ba	STE. 3250 - ONE BISCAYNE TOWER MIAMI, FLORIDA			82 Street Address (P.O. Box Number is Not Acceptable)					
33131 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ceptoration submits this statement for the purpose of changing its registered agent, a marking with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tion if applicable. (NOTE Registered Agent aignature required when reinstating) DATE									
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14. I 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		portify that the information cumplied with this filling does not qualify for			(in Section 110 07/3/ii) Florida Statutos I further	nartify that the i	nformation		
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 cornoration or the receiver or trustee empowered to execute this report as required by Chanter 607. Florida Statutes: and that my name appears in	indicated	on this annual report or supplemental annual report is true and accura	ate and that	my signa	ature shall have the same legal effect as if made ur	nder oath; that I	l am an		

Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(305) 374-3250