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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

COBIAN ENTERPRISES, INC.			
Principal Place of Business	Mailing Address		
6701 S.W. 48TH ST. MIAMI FL 33155	6701 S.W. 48TH ST. Miami Fl 33155		
	n		
2. Principal Place of Business	2a. Mailing Address		

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90005 013 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualifed

05/11/1976 4. FEI Number

59-2111278

Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		City & State			
City & Stat	le .	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the curr	ent year Intangible
24	25	29 30		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New F	legistered Agent
	the second second		81 Name		
COE	BIAN, RICHARD				***
670	1 S.W. 48TH ST		82 Street Addre	ess (P.O. Box Number is Not Accepta	
MIA	MI FL 33155	•	83	1000 1000 1000 1000 1000 1000 1000 100	ing medical productions of the section of the sect
				· · · · · · · · · · · · · · · · · · ·	4.汉治。443、约1战"科图
		•	84 City		85 Zip Code
8707 R.S. 12	Burker Control of Control	373			<u> FL</u>
- office or t	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligation	Florida: Such change was auth	orized by the corporatio	pration submits this statement for the in's board of directors. I hereby accep	purpose of changing its registered the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered agent a		gistered Agent signature required		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	☐ Change ☐ Addition
NAME	COBIAN, RICARDO		1.2 NAME		•
STREET ADDRESS	6701 S W 48TH ST	•	1.3 STREET ADDRESS		
CITY+ST-ZIP	MIAMI, FL 00000	•	1,4 CITY-ST-ZIP		
TITLE	PRES	☐ DELETE	2.1 TITLE		Change Addition
NAME .	COBIVER, RICARDO		2.2 NAME		
STREET ADDRESS	CZO4, CW, 40TH, CT		2.3 STREET ADORESS		. •
	MIAMI FL	•		•	• • • • • • • • • • • • • • • • • • • •
CITY-ST-ZIP	INDAMI I	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
TITLE CO		_ DELETE	•	e În	,
NAME 374			3.2 NAME		•
STREET ADDRESS	de la section de	·	3.3 STREET ADDRESS		· 特別公司 (共議選)
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		•	4. 2 NAME		
STREET ADDRESS		· · · · ·	4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETÉ	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	A STATE OF THE STA	
STREET ADDRESS			5.3 STREET ADDRESS	-	
-	[B		5.4 CITY-ST-ZIP		.
CITY-ST-ZIP TITLE	Section 1 Sectio	DELETE	6.1 TITLE		☐ Change ☐ Addition
	exclusion was a constant	,	6.2 NAME	;	
NAME	· 医无线性 经实际 1000 1000 1000 1000 1000 1000 1000 10	•	6.3 STREET ADDRESS		
STREET ADDRESS	1 50 8 5 Tu 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
CITY-ST-ZIP ":	FATTING THE STATE		6.4 CITY-ST-ZIP	440.07(0)(3) 5(-14-0)	further entity that the information
14. I hereby	certify that the information supplied with	this filing does not qualify for th	e exemption stated in S	section 119.07(3)(i), Florida Statutes.	turtner 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, with all other like empowered.