co	PROFIT PROFIT PPCRATION IUAL REPORT 1996	FLORIDA DEI Sand	IS \$225.UU PARTMENT OF STATE ra B. Mortham etary of State DF CORPORATIONS			
1. Corporation	UMENT # 5345 COTT, INC.	89 (7)		i derive ander ander ander		
	e of Business \$T., \$TE, 600 , 33132	Ma'ling Address 111 N.E. ST., STE. MIAMI FL 33132	600			
2. Principal P	Macti of Business	20 Maitan Adda		3. Date Incorporated or Qualified 04/11/1977	3a. Date of Last Report 04/24/1995	
21 55 Suite, Apt.	N.E. IST ST.	2a. Mailing Address 26 55 N.E.	15T ST.	4. FEI Number 59-1735469	Applied For Not Applicabl	
22 5017	El	27 Suite, Apt. #, etc.	,	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat 23 MIA 6	UI, FL.	City & State 28 HIAHI F	L	6. Election Campaign Financing Trust Fund Contribution	5.00 May Be	
^{Zip} 24] 33(3 ,	2 25 DADE 9. Name and Address of Curren	29 33/32 It Registered Agent	30 DADE	8. This corporation has liability for Florida Statutes 10. Name and Address of New F	No li	
	Berg, Alfred		81 Name			
11111 MIAMI	i biscayne blvd I. Fl			ress (P.O. Box Number is Not Acceptab	le)	
33161			83	-		
11. Pursuant t	to the provisions of Sections 607.0502	and 607 1508 Florida Statut	84 City	ration submits this statement for the pur	FL 85 Zip Code	
ICALL HUELD AAL	ed agent, or both, in the State of Floric th, aric accept the obligations of, Secti	la. Such change was authorizion 607.0505, Florida Statutes	ed by the corporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the appo	pose of changing its registered offic bintment as registered agent. I am	ie
SIGNATURE _	Signature, typed or printee name of registered agent a		TE: Registered Agent signature requira	d when reinstating)	DATE	
TZ. TILE	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	195)
NAME	WEINBERG, A. L. 11111 BISCAYNE BLVD.		1.2 NAME		Change Addition	=034 (12/95)
STREET ADDRESS CITY-ST-ZIP	MIAME FL.		1.3 STREET ADDRESS			
TITLE	SD	DEL ETE	1.4 CITY-ST-ZIP 2. 1 TITLE			CR2
NAME	WEINBERG, BERTIE J. 11111 BISCAYNE BLVD.		2.2 NAME		Change 🔲 Addition	
STREEL ADDRESS C(TY-ST-Z)P	MIAMI FL		2.3 STREET ADDRESS			
TIFLE		DELETE	2.4 CITY - ST- ZIP 3 1 TITLE			
			3 2 NAME		🔲 Change 🔲 Addition	
STREET ADDRESS CITY - ST - ZIP			3 3 STREET ADDRESS			
TITLE		DELETE	34 CITY-ST-ZIP 4 1 TITLE		Change 7 Addition	_ 1
NAME STREET ADDRESS			4.2 NAME			
CITY-ST-ZIP			4.3 STREET ADDRESS			
TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition	-
NAME STREET ADDRESS			5 2 NAME		🛄 Change 🔲 Addition	
CITY-ST-ZIP			5.3 STREET ADDRESS			
TITLE		DELETE	5.4 CITY-ST-ZIP 6. 1 TITLE		Channa E Addition	
NAME STREET ADDRESS			6.2 NAME		Change 📋 Addition	
STREET ADDRESS CITY - ST - ZIP			6.3 STREET ADDRESS			
14. I do hereby certify that the	certify that the information supplied wit	h this filing is voluntarily furnis	64 CITY-ST-ZIP hed and does not qualify for	r the exemption stated in Section 119.07	7/3/4) Florido Stati Ana 17	
oath: that I a appears in F	am an officer or director of the corpora Block 12 or Block 13 if changed, or on	report or supplemental annua tion or the receiver or trustee	al report is true and accurate empowered to execute this	r the exemption stated in Section 119.07 a and that my signature shall have the sa report as required by Chapter 607, Flori	ame legal effect as if made under da Statutes: and that now name	
	A 100 March 1	an attacriment with an addres	ss.			
SIGNATU	JRE:	RINTED NAME OF SIGNING OFFICER	OR DIRECTOR	4/22/96 (3.	05) 374_0080	