

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

FILED

**Jan 28 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # F48589 (8)

**1. Corporation Name
COHEN INVESTMENTS, INC.**



Principal Place of Business
1470 NW 107TH AVENUE, SUITE 1
MIAMI FL 33172

Mailing Address
1470 NW 107TH AVENUE, SUITE 1
MIAMI FL 33172-2734

3. Date Incorporated or Qualified 10/08/1981
3a. Date of Last Report 03/05/1996

2. Principal Place of Business
21 9901 SW 35 TERR. 26 SAME AS 2

4. FEI Number 59-2129769
Applied For Not Applicable

22. Suite, Apt. #, etc.
27

5. Certificate of Status Desired \$8.75 Additional Fee Required

23. City & State Miami FL
28. City & State

6. Election Campaign Financing \$5.00 May Be Added to Fees

24. Zip 33165 **25. Country** JADE
29. Zip **30. Country**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JIMENEZ, RAQUEL A
1470 NW 107 AVE.
#1
MIAMI FL 33172-2734

81 Name JOSE LUIS VIERA
82 Street Address (P.O. Box Number is Not Acceptable) 9901 SW 35 TERR.
83
84 City MIAMI **FL** **85 Zip Code** 33165

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 *[Signature]* **DATE** 1/17/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	VIERA, JOSE LUIS	
STREET ADDRESS	9901 SW 35 TERRACE	
CITY - ST - ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, FEDERICO	
STREET ADDRESS	9901 SW 35 TERRACE	
CITY - ST - ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	JIMENEZ, BENIGNO	
STREET ADDRESS	1470 NW 107 AVENUE, #1	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *[Signature]* **DATE** 1/17/97 **Daytime Phone #**

CR2E034 (9/96)