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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F62000

STANLE	Y L. COHEN, CPA, P.A.							
Principal Place of Business Mailing Address						-	OURIN BIRTH DIGI	
ONE S.E. THIRD AVE. 11672 E. CARON ST								
10TH FLOOR SCOTTSDALE AZ 85259-5913								
MIAMI FL 33131						DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed		
						02/01/1982		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For
21 26						59-2156630		lot Applicable
Suite, Apt. #, etc.						5. Certificate of Status Desired		Additional Required -
22 27 City & State City & State						6 Floring Councils Financia		
						6. Election Campaign Financing Trust Fund Contribution		May Be
			Country			This corporation owes the current year In	-	110 / 663
24	25	29 3	_	,		Personal Property Tax.	Yes	MNo
24	9. Name and Address of Current		<u> </u>			10. Name and Address of New Registered		-
	The state of the s	, riogiototo a rigetti	8	31	Name			
MILLER, HARVEY ONE SE THIRD AVE								
				32	Street Addre	ess (P.O. Box Number is Not Acceptable)		
10TH FLOOR			1	33				
MIAMI FL 33131			L					
			8	34	City	FI	_ 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								
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		,	-					1
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered A	gent s	signature required	when reinstating} DATE		
12.	OFFICERS ANI		13.		·	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DP	☐ DELETE	1.1 TITLI	E			Change	Addition
NAME	COHEN, STANLEY L		1.2 NAME					
STREET ADDRESS				EET A	DORESS			
CITY-ST-ZIP				-ST-	ZIP			
TITLE	V □ DELETE 2.1		2.1 TITLE	2.1 TITLE			☐ Change	Addition
NAME	COHEN, SONIA 221			E				
STREET ADDRESS	11672 E CARON ST 235			EET A	ODRES\$	1		
CITY-ST-ZIP				Y-ST-	-ZIP	,		
TITLE	ST DELETE 3.1 T		3.1 TITLE	E			Change	Addition
NAME	COHEN, STANLEY L 32N		3.2 NAM	E				
STREET ADDRESS	11672 E CARON ST 333			EET A	DDRESS			
CITY-ST-ZIP				/-ST-	.ZfP			
TITLE	☐ DELETE 4.1 TI		4.1 TITLE	E			Change	Addition
NAME	4		4. 2 NAME					
STREET ADDRESS			4.3 STRE	EET A	DDRESS			{
CITY-ST-ZIP			4.4 C/TY	-ST-2	ZIP			
TITLE		☐ DELETE	5.1 TITLE	E			Change	Addition
NAME			5.2 NAM	Ę				
STREET ADDRESS			5.3 STRE	EET A	DDRESS			
C/TY-ST-ZIP			5.4 CITY	-ST-Z	ZIP			
TITLE		☐ DELETE	6.1 TITLE	E			Change	Addition
NAME . 6.21				E				
CTREET ADDRESS			63 STR	EFT AI	DOBESS			

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 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 ap attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZiP

602,661,8864