

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF REVENUE
BUREAU OF CORPORATIONS
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 FEB 23 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000002752 (3)

1. Corporation Name
COBE, INC.

Principal Place of Business

7150 NW 50TH ST.
MIAMI FL 33166

Mailing Address

7150 NW 50TH ST.
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/25/1994	3a. Date of Last Report N/A
4. FEI Number 65-0479240	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. SAME AS ABOVE	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BIJAOUI, MARC 7150 NW 50TH ST. MIAMI FL 33166	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 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 officer 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
NAME	PDC BIJAOUI, MARC 7150 NW 50TH ST. MIAMI FL 33166	11. TITLE	☐ Change ☐ Addition
STREET ADDRESS	VSTD BIJAOUI, COLETTE 7150 NW 50TH ST. MIAMI FL 33166	12. NAME	
CITY		13. STREET ADDRESS	
STATE		14. CITY- ST- ZIP	
ZIP		21. TITLE	☐ Change ☐ Addition
CITY		22. NAME	
STATE		23. STREET ADDRESS	
ZIP		24. CITY- ST- ZIP	
CITY		31. TITLE	☐ Change ☐ Addition
STATE		32. NAME	
ZIP		33. STREET ADDRESS	
CITY		34. CITY- ST- ZIP	
STATE		41. TITLE	☐ Change ☐ Addition
ZIP		42. NAME	
CITY		43. STREET ADDRESS	
STATE		44. CITY- ST- ZIP	
ZIP		51. TITLE	☐ Change ☐ Addition
CITY		52. NAME	
STATE		53. STREET ADDRESS	
ZIP		54. CITY- ST- ZIP	
CITY		61. TITLE	☐ Change ☐ Addition
STATE		62. NAME	
ZIP		63. STREET ADDRESS	
CITY		64. CITY- ST- ZIP	

14. I, the undersigned, certify that this corporation supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information included 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 on a report 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 13. I did not prepare this report in conjunction with an address.

SIGNATURE: COLETTE BISAOUYE 2/15/95 (305)6630106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR