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Secretary of State
03-05-1999 90123 005 ***158.75

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000004740**

1. Corporation Name
02COOL INVESTMENTS, INC.

Principal Place of Business	Mailing Address
2555 COLLINS AVE. #604 MIAMI BEACH FL 33140	2555 COLLINS AVE. #604 MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21: 521 SW 64 COURT
22: Suite, Apt. #, etc.
23: City & State: Miami Fl
24: Zip: 33144 25: Country:

2a. Mailing Address
26: P.O. Box 402011
27: Suite, Apt. #, etc.
28: City & State: Miami Beach FL
29: Zip: 33140 30: Country: USA

3. Date Incorporated or Qualifed: 09/11/1997

4. FEI Number: 65-0768443 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GUILIAN, MARIA A ESQ.
330 SW 27TH AVE #703
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name: DAVID M. LLEWELLYN
82 Street Address (P.O. Box Number is Not Acceptable): 521 SW 64 COURT
83:
84 City: MIAMI FL 85 Zip Code: 33144

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	GUITIAN, MARIA A		1.2 NAME	DAVID M. LLEWELLYN	
STREET ADDRESS	2555 COLLINS AVE. #604		1.3 STREET ADDRESS	521 S.W. 64 COURT	
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 CITY-ST-ZIP	Miami, Fl. 33144	
TITLE		☐ DELETE	2.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME			2.2 NAME	MARCELA CARIAS	
STREET ADDRESS			2.3 STREET ADDRESS	Ave Los proceres No.10 Residencial Gala	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Santo Domingo Dom Rep	
TITLE		☐ DELETE	3.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME			3.2 NAME	MARCELA CARIAS	
STREET ADDRESS			3.3 STREET ADDRESS	Ave Los Proceres NO.10 Residencial Gala	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Santo Domingo Dom Rep	
TITLE		☐ DELETE	4.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME			4.2 NAME	DAVID M. LLEWELLYN	
STREET ADDRESS			4.3 STREET ADDRESS	521 SW 64 COURT	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	MIAMI FLA 33144	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 an attachment with an address, with all other like empowered.

SIGNATURE: Maria A Guitian 2/18/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #