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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

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Suite Apt #, etc. 25 Suite Apt #, etc. 25 Suite Apr #, etc. 27 Suite Apr #, etc. 27 Suite 5. Centrate of Status Desired 58.75 Apr #, etc. 5. Centrate of Status Desired 58.75 Apr #, etc. 5. Centrate of Status Desired 58.75 Apr #, etc. 5. Centrate of Status Desired 58.75 Apr #, etc. 5. Centrate of Status Desired	COCO CRUSIN Crincipal Place of Busines. 7700 N KENDALL DR PENTHOUSE MIAM! FL 33156 Principal Place of Busin Suite, Apt. #, etc. City & State	I, INC.	Mailing Address 7700 N KENDALL PENTHOUSE MIAMI FL 33156 2a. Mailing Address 26	DR	Date Incorporated or Qual field	
Married Place of Burness	rincipal Place of Busines: 7700 N KENDALL DR PENTHOUSE MIAMI FL 33156 Principal Place of Busin Suite, Apt. #, etc. City & State	5	7700 N KENDALL PENTHOUSE MIAMI FL 33156 2a. Mailing Address 26	DR	Date Incorporated or Qual field	
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A. F. F. F. F. F. F. F. S.	Suite, Apt. #, etc. City & State	less	26		\U3/20/1900	
Subsect Subs	City & State		Suite Act # etc		1	Applied For
City & State Country 28			F- 1			Not Applica
Zero	Zip					Fee Required
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Street Address of New Registered Agent 12. Street Address of New Registered Agent 13. Name 22. Street Address of New Registered Agent 14. Name 25. Street Address of New Registered Agent 26. The Address of New Registered Agent 16. Name and Address of New Registered Agent 17. Name 18. Name		Count				\$5.00 May Be
Solution		25	29	<u> </u>		r intangible tax under s. 199 032.
TANEN, JEFFREY S. 2 S BISCAYNE BLVD 1 BISCAYNE TOWER, SUITE 3250 83 Sircet Address (P.O. Box Number is Not Acceptable) 1 BISCAYNE TOWER, SUITE 3250 84 City	9. Name	and Address of Curr	ent Registered Agent			
Street Address (P.O. Box Number is Not Acceptable)	TANEN IECCOEV	c		81 Name		
Pursuant to the provisions of Sections 607 0502 and 607,1508, Flands Statutes, the above named corporation submits this stammont for the purpose of changing its registers or regularized agent, or both, in the Statute of Florids Such changes was authorized by the corporation's board of directors. Handly accept the depletation of corporation of superior approximation as registered agent. NATURE Part				82 Street Add	ress (P.O. Box Number is Not Acceptal	ble)
Para Land 10 the provisions of Sections 607.0502 and 607.1508. Floridal Statutes B4 Cry F B5 Zip Code	1 BISCAYNE TOW	ER, SUITE 3250		83		
Pursuant to the provisions of Sections EO7,0502 and 607,1508. Floridal Statutes, the above named corporation sultents this statement for the purpose of changing its registere of agent, or both, in the State of Fords. Such change was authorized by the conparation's board of directors. Thirrotty occupit the appointment as registered agent. NATURE Symbol Provision Provis	MIAM! FL 33131			84 Grty		
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NATURE Signature product control of responses a publication in particulation. Note Publication responses 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Note 11 http://december 12 http://december 12 http://december 13 http://december 14 http://december 1	or registered agent, or familiar with, and accer	both, in the State of Fro of the obligations of, Se	rida. Such change was autho ction 607,0505. Étorida Statu	orized by the corporation's boates	rd of directors. I hereby accept the app	rpose of changing its registered of pointment as registered agent. I am
P	NATURE					
P	Signature typical o	OFFICERS A	ND DIRECTORS			
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do bereby certify that the information consend the North				6.3 STREET ADDRESS		
	do hereby certify that the	e information supplied s	with this filma is askerton to 4			
certify that the information indicated on this annual easy to resupplemental annual report is frue and accurate and that my signature shall have the same legal effect as if made undappears in Block 12 or Block 13 if changed, or on an attain free with an address. I further appears in Block 12 or Block 13 if changed, or on an attain free with an address.	certify that the information oath; that I am an officer	n indicated on this annual or director of the caree	a report or supplemental and	hal report is true and accurate	r the exemption stated in Section 119.0 and that my signature shall have the s	7(3)(k) Florida Statutes, Hurther

SIGNATURE: __