

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 10, 1999 8:00 am
Secretary of State
09-10-1999 90001 047 ***550.00

DOCUMENT # **K80763**

Corporation Name
COOHNEY, INC.

Principal Place of Business

1 SHOES
MIRACLE MILE
CORAL GABLES FL 33134

Mailing Address

TAMA SHOES
216 MIRACLE MILE
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1989

4. FEI Number

NOT APPLICABLE

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

Principal Place of Business

GABLES SHOES

2a. Mailing Address

GABLES SHOES

Suite, Apt. #, etc.

216 MIRACLE MILE

Suite, Apt. #, etc.

216 MIRACLE MILE

City & State

C. GABLES - FLORIDA

City & State

C. GABLES - FLORIDA

Zip

33134

Country

U.S.A.

Zip

33134

Country

U.S.A.

9. Name and Address of Current Registered Agent

ALMIR, AMIR
216 MIRACLE MILE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

HICHAM ELMIR

82 Street Address (P.O. Box Number is Not Acceptable)

216 MIRACLE MILE

83

84 City

CORAL GABLES - FL

85 Zip Code

33134

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

HICHAM ELMIR

9-05-99

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	P	<input checked="" type="checkbox"/> DELETE
NAME	ALMIR, AMIR	
STREET ADDRESS	216 MIRACLE MILE	
CITY-STATE-ZIP	CORAL GABLES FL 33134	
	T	<input type="checkbox"/> DELETE
NAME	ELMIR, HICHAM	
STREET ADDRESS	216 MIRACLE MILE	
CITY-STATE-ZIP	CORAL GABLES FL 33134	
		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HICHAM ELMIR	
1.3 STREET ADDRESS	216 MIRACLE MILE	
1.4 CITY-STATE-ZIP	C. GABLES - FL - 33134	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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.

SIGNATURE: **HICHAM ELMIR**

9-05-99 (305) 446-2447

CR2E034 (5/99)