FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 MAR 27 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L54633 (7)

1. Corporation Name
COCOMAR MANAGEMENT, INC.

Principal Place of Business	Mailing Address
3049 NE 163RD ST ~~730 INGRAHAM BLDG 25 SE SECOND AVE~~ NORTH MIAMI BEACH FL 33160 US	3049 NE 163RD ST ~~730 INGRAHAM BLDG 25 SE SECOND AVE~~ NORTH MIAMI BEACH FL 33160 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/05/1990
3a. Date of Last Report: 03/28/1994

2. Principal Place of Business	2a. Mailing Address
21 3049 NE 163 ST	26 3049 NE 163 ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: NO. MIAMI BCH FL	28 City & State: NO. MIAMI BCH, FL
24 Zip: 33160	29 Zip: 33160
25 Country: U S	30 Country: U S

4. FEI Number: 65-0184601 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WHITE, NANCY 3049 NE 163RD ST NO MIAMI BEACH FL 33160	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____ 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	D	1.1 TITLE	D/P ☐ Change ☒ Addition
NAME	SREDNI, ISAAC	1.2 NAME	SREDNI, ISAAC
STREET ADDRESS	3049 NE 163RD ST	1.3 STREET ADDRESS	3049 NE 163 ST
CITY-ST-ZIP	N MIAMI BEACH FL	1.4 CITY-ST-ZIP	N. MIAMI BCH, FL 33160
TITLE	D	2.1 TITLE	D/S ☐ Change ☒ Addition
NAME	SREDNI, IRWIN	2.2 NAME	SREDNI, IRWIN
STREET ADDRESS	3049 NE 163RD ST	2.3 STREET ADDRESS	3049 NE 163 ST
CITY-ST-ZIP	N MIAMI BEACH FL	2.4 CITY-ST-ZIP	N. MIAMI BCH, FL 33160
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: _____ 3/16/95 (305)9450405
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED BY CORPORATION TO SIGN DIRECTION — Date — Daytime Phone #

0178617 CP