


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L54633 (7)
1. Corporation Name
COCOMAR MANAGEMENT, INC.



Principal Place of Business 3049 NE 163 ST NORTH MIAMI BEACH FL 33160 US	Mailing Address 3049 NE 163RD ST NORTH MIAMI BEACH FL 33160 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2875 NE 191 ST Suite, Apt. #, etc. 22 PH 1 City & State 23 AVENTURA Zip 24 FL		2a. Mailing Address 26 2875 NE 191 ST Suite, Apt. #, etc. 27 PH 1 City & State 28 AVENTURA Zip 29 FL		3. Date Incorporated or Qualified 03/05/1990 4. FEI Number 65-0184601 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent

WHITE, NANCY
3049 NE 163RD ST
NO MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
	2875 NE 191 ST		PH 1	
			AVENTURA	FL 33160

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	SREDNI, ISAAC	1.2 NAME	2875 NE 191 ST
STREET ADDRESS	3049 NE 163RD ST	1.3 STREET ADDRESS	PH 1
CITY-ST-ZIP	N MIAMI BEACH FL	1.4 CITY-ST-ZIP	AVENTURA FL 33160
TITLE	DS	2.1 TITLE	
NAME	SREDNI, IRWIN	2.2 NAME	2875 NE 191 ST
STREET ADDRESS	3049 NE 163RD ST	2.3 STREET ADDRESS	PH 1
CITY-ST-ZIP	N MIAMI BEACH FL	2.4 CITY-ST-ZIP	AVENTURA FL 33160
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

CR2E034 (10/97)