

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M42750** (3)

1. Corporation Name

**COOSEMANS MIAMI, INC.**



Principal Place of Business

1201 NW 23RD ST  
MIAMI FL 33142

Mailing Address

1201 NW 23RD ST  
MIAMI FL 33142

2. Principal Place of Business

2a. Mailing Address

21	22	23	24	25	26	27	28	29	30
State, Apt. #, etc.	City & State	Zip	Country		State, Apt. #, etc.	City & State	Zip	Country	

9. Name and Address of Current Registered Agent

**COOSEMANS, DANIEL**  
1201 N.W. 21RD STREET  
MIAMI FL 33142

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 607.0612 and 607.0613, Florida Statutes, the above named corporation submits to its 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 607.0613, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	<b>PDS</b>	<input type="checkbox"/> DELETE
NAME	<b>COOSEMANS, DANIEL</b>	
STREET ADDRESS	<b>1332 NW 21ST TERRACE</b>	
CITY-STATE-ZIP	<b>MIAMI FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>VAN DEN BROECK, HERMAN</b>	
STREET ADDRESS	<b>1332 NW 21ST TERRACE</b>	
CITY-STATE-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>COOSEMANS, DANIEL</b>	
13 STREET ADDRESS	<b>411 EAST RIVO ALTO DRIVE</b>	
14 CITY-STATE-ZIP	<b>MIAMI BEACH, FL 33139</b>	
21 TITLE	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>VAN DEN BROECK, HERMAN</b>	
23 STREET ADDRESS	<b>812 COACHMAN PLACE</b>	
24 CITY-STATE-ZIP	<b>CLAYTON, CALIFORNIA 94517</b>	
31 TITLE	<b>RONALD ZAMORA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>LAKES OF THE MEADOW</b>	
33 STREET ADDRESS	<b>4932 S.W. 154th PLACE</b>	
34 CITY-STATE-ZIP	<b>MIAMI, FLORIDA 33185</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-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 119.043(3)(c), 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 holder of a trust 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-13-96

305-634-8886

CR2E034 (12/95)