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Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # M42750**

<ol> <li>Corporation</li> </ol>	Name						
COOSEN	MANS MIAMI, INC.						
					1 10040011 114 01010 11014 4001 01144 01	ari <b>dib</b> ii bhair Brati Dibii diait Bibii f	
							M
Principal Place of Business Mailing Address						THE MARKET BEATE MEDIS REAL MEDIS ALANCES	/BB/
1201 NW 23RD ST 1201 NW 23RD ST							
MIAMI FL 33142 MIAMI FL 33142					DO NOT WRITE IN THIS SPACE		
						N INIS SPACE	
					3. Date Incorporated or Qualifed	•	
					12/03/1986	A P and E a	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-2767006	Not Applica	_
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additiona	4
22		27			<u> </u>		$\dashv$
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be Added to Fees	
23 28			Zip Country				
Zip			¬ ′	The same of the sa			
24	25	29 30	<u>'</u>		10. Name and Address of New Regi		-
	9. Name and Address of Curren	t Registered Agent	81	Name	TV. Halle and Address of New Neg	Stored Agent	$\neg$
con	SEMANS, DANIEL						
1201 N.W. 21RD STREET			82	Street Add	ress (P.O. Box Number is Not Acceptable	)	
MIAMI FL 33142			83	<u> </u>			$\dashv$
THIPM	M 1 E 50142		63		•		,
			84	City		FL 85 Zip Code	
office or re	to the provisions of Sections 607,050, egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autr	iorizea by	tne corporati	poration submits this statement for the pur ion's board of directors. I hereby accept th	e appointment as registered	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	gistered Age	nt signature require		DATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		$\overline{}$
TITLE	P	☐ DELETE	1.1 TITLE			` ☐ Change ☐ Ado	dition
NAME	COOSEMANS, DANIEL		1.2 NAME			•	}
STREET ADDRESS	411 EAST RIVO ALTO DRIVE		1.3 STREE	TADDRESS			- 1
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-S	T-ZIP		<del></del>	
TITLE	V ⊠ DELETE 2.1 T		2.1 TITLE		•	☐ Change ☐ Add	dition
NAME	VAN DEN BROECK, HERMAN		2.2 NAME		,		
STREET ADDRESS	812 COACHMAN PLACE 2.35		2.3 STREE	TADORESS			
CITY-ST-ZIP	CLAYTON CA		2.4 CITY-	ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE	D	☐ DELETE	31 TITLE			Change Add	dition
NAME	ZAMORA, RONALD		3.2 NAME				ļ
STREET ADDRESS	8600 SW 2 ST		3.3 STREE	T ADDRESS			Ì
CITY-ST-ZIP	MIAMI FL 33144	MIAMI FL 33144 34.0		ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change Ad	dition
NAME			4. 2 NAME				
STREET ADDRESS	TADDRESS 4.33		4.3 STREE	TADORESS			
CITY-ST-ZIP			4.4 CITY- S	ST-ZIP			]
TITLE		☐ DELETE	51 TITLE			☐ Change ☐ Ad	dition
NAME			52 NAME			•	
STREET ADDRESS			5.3 STREE	TADDRESS	•	* *	ĺ
CITY-ST-ZIP			5.4 CITY- S	ST-ZIP		<u> </u>	

14. I hereby certify that the information supplied with this filling 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 suppliemental 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

\_\_Ronald Zamora

01/08/99

(305)634~8886

☐ Change

Addition

Daytime Phone #