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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

COCO INVESTMENTS, INC.

ncipal Place of Business	Mailing Address
COLLINS AVENUE MI BEACH FL 33139	860 COLLINS AVENUE MIAMI BEACH FL 33139 US

9. Name and Address of Current Registered Agent

Country

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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## **FILED** Jan 22, 1999 8:00am **Secretary of State** 01-22-1999 90064 027 \*\*\*150.00



Applied For

12 No

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

10/23/1987

65-0010735

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

4. FEI Number

92 Street Address (P.O. Box Number is Not Access PENTHOUSE 104 83					
PENITURE 102	A CONTRACTOR OF THE PROPERTY O				
	ाल् . को उपनेप्र				
* MIAMI FL 33131	85 Zip C	odo.			
and have the analysis of the state of the st	FL S Z Z	,oue			
11. Nursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for t	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 DIRECTO	RS IN 12			
mile P □ DELETE 1.1 mile	Change	Addition			
NAME COHEN, JAY TODD 12 NAME					
STREET ADDRESS 20191 E.COUNTRY CLUB DR. 2210 1.3 STREET ADDRESS					
CITY-ST-ZIP N MIAMI BEACH FL 33180 14 CITY-ST-ZIP					
TILE D □ DELETE 2.1 TILE	☐ Change	Addition			
NAME COHEN, HOWARD MARK 22 NAME					
STREET ADDRESS 20191 E.COUNTRY CLUB DR. 2210 23 STREET ADDRESS		ľ			
CITY-ST-ZIP N MIAMI BEACH FL: 33180 2.4 CITY-ST-ZIP					
TITLE DELETE 3.1 TITLE	☐ Change	Addition			
NAME: Y 32 NAME					
STREET ADDRESS 33 STREET ADDRESS	v.				
CITY-ST-ZIP					
TITLE ☐ DELETE 4.1 TITLE	Change	Addition			
NAME 4.2 NAME	_ •	_			
NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS					
CITY-ST-ZIP 44 CITY-ST-ZIP					
TITLE DELETE 51 TITLE	Change	Addition			
NAME 52 NAME					
STREET ADDRESS 5.3 STREET ADDRESS		1			
CITY-ST-ZIP 54 CITY-ST-ZIP	ű.				
TITLE DELETE 6.1 TITLE	Change	Addition			
NAME 62 NAME	сландо				
STREET ADDRESS 6.3 STREET ADDRESS					
CITY-ST-ZIP 6 64 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 Statute	s I further certify that the in	formation			

Country

81

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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 true 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.

CR2E034 (11/98)