

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 05 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N97000007162 (7)**  
 1. Corporation Name  
**COCHRAN ECONOMIC DEVELOPMENT, INC.**



Principal Place of Business <b>3085 N.W. 51ST STREET MIAMI FL 33142</b>	Mailing Address <b>3085 N.W. 51ST STREET MIAMI FL 33142</b>
--	--

3. Date incorporated or Qualified <b>12/24/1987</b>	
4. FEI Number <b>65-0802871</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**COCHRAN, ANTONIO  
 3085 N.W. 51ST STREET  
 MIAMI FL 33142**

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

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>COCHRAN, ANTONIO</b>	
STREET ADDRESS	<b>3085 N.W. 51ST STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33142</b>	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>COCHRAN, MINGA</b>	
STREET ADDRESS	<b>3085 N.W. 51ST STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33142</b>	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	<b>EDGECOMB, GRWENDOLYN</b>	
STREET ADDRESS	<b>1020 N.W. 51ST ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33127</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Stephanie Moyses</b>	
1.3 STREET ADDRESS	<b>20401 NW 32 court</b>	
1.4 CITY-ST-ZIP	<b>Miami, Florida 33156</b>	
2.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Robert Wigfall</b>	
2.3 STREET ADDRESS	<b>1935 NW 76 street</b>	
2.4 CITY-ST-ZIP	<b>Miami, Florida 33147</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Antonio Cochran* **Antonio Cochran** **BEAUFORT Cochran** **4/22/98** **(305) 633-5160**

CP2E037 (10/97)