FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

ACCEPTED AND FILED
95 FEB 21 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000050053 (6)**

1. Corporation Name
COOPER CREDIT AND COMMERCE INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
%11330 S.W. 115TH TERRACE MIAMI FL 33176	%11330 S.W. 115TH TERRACE MIAMI FL 33176

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
07/12/1993	07/12/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0456249	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCSHANE, LEO ESQ. 12651 S. DIXIE HWY. SUITE 304 MIAMI FL 33156	81 Name: ANVAR B. MOGHADDAM 82 Street Address (P.O. Box Number is Not Acceptable): 11330 S.W. 115 Terrace 83: Miami, Florida 33176 84 City: FL 85 Zip Code:

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: X Anvar B. Moghaddam
(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	D	11 TITLE	☐ Change ☐ Addition
NAME	MOGHADDAM, ANVAR	12 NAME	
STREET ADDRESS	11330 S.W. 115 TERRACE	13 STREET ADDRESS	300001413293
CITY-ST-ZIP	MIAMI FL 33176	14 CITY-ST-ZIP	-02/23/95--01027--017
TITLE	VP	21 TITLE	****200.00 ☐ Change ****200.00 ☐ Addition
NAME	ROSA LINA COBIAN	22 NAME	
STREET ADDRESS	3510 BISCAYNE BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	24 CITY-ST-ZIP	
TITLE	V/P	31 TITLE	☐ Change ☐ Addition
NAME	MOHSEN KHATIBI	32 NAME	
STREET ADDRESS	1050 95 ST #8	33 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR FL 33154	34 CITY-ST-ZIP	
TITLE	V/P	41 TITLE	☐ Change ☐ Addition
NAME	KUROSH B. MOGHADDAM	42 NAME	
STREET ADDRESS	11330 SW 115 TERR	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

2/21/95 MSB

14. I do hereby certify that the information supplied with this filing is truthful and 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: Anvar B. Moghaddam 1-3-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0450044 FP