

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000062964 (0)

1. Corporation Name

B.T.T. CORPORATION

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 13 AM 10:12

Principal Place of Business

**100 N BISCAYNE BLVD
STE 812
MIAMI FL 33132
US**

Mailing Address

**100 NORTH BISCAYNE BLVD
STE 812
MIAMI FL 33132
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1993

3a. Date of Last Report

06/02/1994

4. FEI Number

65-0460078

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COHEN, DAVID
100 N BISCAYNE BLVD
SUITE 1302
MIAMI FL 33132**

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 607.0502 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

(Signature required printed name of registered agent, not applicable)

(Signature required printed name of registered agent, not applicable)

(Signature required printed name of registered agent, not applicable)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**P
COHEN, DAVID
100 N. BISCAYNE BLVD STE 812
MIAMI FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change ☐ Addition

**VP
COHEN, ANA
100 N. BISCAYNE BLVD STE 812
MIAMI FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☐ Addition

**S
COHEN, MARCELO
100 N BISCAYNE BLVD STE 812
MIAMI FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

**T
COHEN, GILBERTO
100 N. BISCAYNE BLVD STE 812
MIAMI FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(4)(b), 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 registered or limited representative 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:

Marcelo Cohen

MARCELO COHEN/DIRECTOR

1-09-95

(305)374-3136

(Signature and Title or Printed Name of Signing Officer or Director)

(Date)

(Telephone Number)