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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # P94000028778

1. Corporation Name

441 Coconut, Inc.

Principal Place of Business	Mailing Address
2040 NE 163 St #208 Miami, FL 33162	

3. Date Incorporated or Qualified: 4/14/94
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2875 NE 191 ST	26 2875 NE 191 St
Suite, Apt. #, etc. 22 #500	Suite, Apt. #, etc. 27 #500
City & State 23 Aventura, FL	City & State 28 Aventura, FL
Zip 24 33180 Country 25 USA	Zip 29 33180 Country 30 USA

4. FEI Number: 65-0486753 ☐ 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

9. Name and Address of Current Registered Agent

Michael Denberg
20801 Biscayne Blvd #506
Aventura, FL 33180

10. Name and Address of New Registered Agent

81 Name: Michael B. Denberg
82 Street Address (P.O. Box Number is Not Acceptable): 2875 NE 191 ST
83 #500
84 City: Aventura FL 85 Zip Code: 33180

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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] 7-26-96
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when new staff is) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Jeffrey N Marks		1.2 NAME		
STREET ADDRESS	2040 NE 163 St #208		1.3 STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33162		1.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	2.1 TITLE	700001909657 -07/31/96--01063--002 ****208.75	☐ Change ☐ Addition
NAME	Neil Studnik		2.2 NAME		
STREET ADDRESS	154 S. Island		2.3 STREET ADDRESS		
CITY-ST-ZIP	Golden Beach, FL		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE	P/S/D	☒ Change ☐ Addition
NAME	Stanley Spielman		3.2 NAME	Stanley Spielman	
STREET ADDRESS	69 Willets Rd		3.3 STREET ADDRESS	69 Willets Rd.	
CITY-ST-ZIP	Old Westbury, NY		3.4 CITY-ST-ZIP	Old Westbury, NY	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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: [signature] Attorney at Law 4-26-96 305-944-1411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

[signature] Stanley Spielman