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PROFIT CORPORATION ANNUAL REPORT



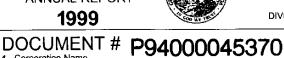
FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

BANKS COCO, INC.



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Principal Place of Business Mailing Address 2875 NE 191 ST. 2875 NE 191 ST. #500 #500 DO NOT WRITE IN THIS SPACE AVENTURA FL 33180 **AVENTURA FL 33180** 3. Date Incorporated or Qualifed 06/06/1994 2. Principal Place of Business 21 5235 Coconut CREK Pkwy 2a. Mailing Address 4. FEI Numbe Applied For 26 5235 Coconut COEEK PKWY Not Applicable 65-0511563 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State 6.º Election Campaign Financing \$5.00 May Be チレ MARGATE MARGATE Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation owes the current year Intangible 33063 UŠA 33063 □ No Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DENBERG. MICHAEL DENBERG, MICHAEL Street Address (P.O. Box Number is Not Acceptable)

3875 NE 191 STREET 82 2875 NE 191 ST. #500 83 802 SUITE AVENTURA FL 33180 84 City Aventura of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered to bottly in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the acceptance and acceptance acc 11. Pursuant to the agent. I am f SIGNATURE (NOTE: Registered Agent signature required when reinstating) d agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. Change DELETE 1.1 TITLE TITLE SPIELMAN, STANLEY 1.2 NAME NAME 4364 KASSO CIR 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 3.1 TITLE TME 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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 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 appowered.

ICER OR DIRECTOR

SIGNATURE: