

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000090522 (1)

1. Corporation Name
COGENERATION ACQUISITIONS CORPORATION



Principal Place of Business
10970 S.W. 176TH STREET
MIAMI FL 33157

Mailing Address
10970 S.W. 176TH STREET
MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 13864 SW 90TH AV		26 13864 SW 90TH AV		12/13/1994		05/20/1996	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		4. FEI Number		Applied For	
22 UNIT LL #108		27 UNIT LL #108		65-0581041		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 MIAMI, FL		28 MIAMI, FL		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24 33176		25 USA		29 33176		30 USA	

9. Name and Address of Current Registered Agent

BALMER, MARY JANE
10970 S.W. 176TH STREET
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name	BALMER, MARY JANE
82 Street Address (P.O. Box Number is Not Acceptable)	13864 SW 90TH AVE
83	UNIT LL #108
84 City	MIAMI
85 Zip Code	FL 33176

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, 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	CD	1.1 TITLE	CD
NAME	BALMER, SCOTT	1.2 NAME	BALMER, SCOTT
STREET ADDRESS	10970 S.W. 176TH STREET	1.3 STREET ADDRESS	13864 SW 90TH AVE
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE	PD	2.1 TITLE	
NAME	DECHOVITZ, DAVID W	2.2 NAME	
STREET ADDRESS	1472 N.E. 133RD ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33166	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	S
NAME	BALMER, MARY JANE	3.2 NAME	BALMER, MARY JANE
STREET ADDRESS	10970 S.W. 176TH STREET	3.3 STREET ADDRESS	13864 SW 90TH AVE
CITY-ST-ZIP	MIAMI FL 33157	3.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

DAVID W. DECHOVITZ

CR2E034 (4/97)