FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

* PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90165 007 ***150.00

DOCUMENT # P94000090522

1. Corporation Name

COGENERATION ACQUISITIONS CORPORATION

Principal Place of Business Mailing Address							ERISI MESIM IN		E ilaid ilai lasi
13864 SW 90TH AVE 13864 SW 90TH AVE									
UNIT LL #108 UNIT LL #108					DO NOT MODE IN THE ODAGE				
MIAMI FL 33176 MIAMI FL 33176						DO NOT WRITE	IN THIS S	PACE	
US		US				3. Date Incorporated or Qualifed			
<u> </u>					_	12/13/1994 4. FEI Number			
<u> </u>	lace of Business	2a. Mailing Address				1		├ ─ /	pplied For
21		26		_	65-0581041			lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional Required	
City & State		City & State							
L	e	— ·	-			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Count	D/		This corporation owes the current	t upor Into		110 1 663
└			30			Personal Property Tax.		Yes	□No
24	25 29 30 30 30 9. Name and Address of Current Registered Agent		301			10. Name and Address of New Re			
 	g. Hame and Address of Valle	THE LEADING OF THE PROPERTY OF		1 Nar	ne	10.		<u> </u>	
Í BALN	MER, MARY JANE								
13864 SW 90TH AVE				2 Stre	et Addre	ess (P.O. Box Number is Not Acceptable	le)		,
UNIT LL #108			1	3					
	/II FL 33176								
			8	4 City	,		FL	85 Zip	Code
		00 - 4 507 4500 Florida Otatuta		<u> </u>				hanging i	e registered
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									egistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	da Statute	as.					
SIGNATURE			 -			la de altra de	DATE		
40	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: I		jent signat	ure required	when reinstating) ADDITIONS/CHANGES TO OFFI		DIPECT	OPS IN 12
TITLE	CD OFFICERS A	DELETE	13.	:		ABBITIONS/CITANGES TO CITT	OLINO AITE	Change	
NAME	BALMER, SCOTT		1.2 NAMS						_ [
	13864 SW 90TH AVE			ET ADDRI					
STREET ADDRESS	A STABLE TO		l l		233				
CITY-ST-ZIP	PD	☐ DELETE	1.4 CITY 2.1 TITLE					Change	Addition
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NAME	DECHOVITZ, DAVID W								
STREET ADDRESS			1	ET ADDRI	:SS				ł
CITY-ST-ZIP	NORTH MIAMI FL 33166	DELETE	2.4 CITY- 3.1 TITLE				 -	☐ Change	Addition
TITLE	S ALMED MADY JAME	L) VELETE							
NAME	BALMER, MARY JANE	•	3.2 NAM						
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NAME	,		4. 2 NAM						ļ
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NAME			5.2 NAM		- [l
STREET ADDRESS				ET ADDRI	ESS				ļ
CITY-ST-ZIP			5.4 CITY		$-\!$				
TITLE		☐ DELETE	6.1 TITLE					☐ Change	Addition
NAME			6.2 NAM		Ì				}
STREET ANDRESS	l'		6.3 STR	ET ADDRI	ESS				+

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 empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP