

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

APPROVED

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PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000092613

1. Corporation Name

COCO MUSICAL PRODUCTIONS, INC.

98 JAN 14 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5415 COLLINS AVENUE PH-C MIAMI BEACH, FL		Mailing Address 5415 COLLINS AVENUE PH-C MIAMI BEACH, FL		3. Date Incorporated or Qualified 12/23/94	3a. Date of Last Report 11/25/96
2. Principal Place of Business 27 5415 COLLINS AVENUE Suite, Apt. #, etc. PH-C City & State 33 MIAMI BEACH, FL Zip 24	2a. Mailing Address 28 5415 COLLINS AVENUE Suite, Apt. #, etc. PH-C City & State 28 MIAMI BEACH, FL Zip 28	4. FEI Number 65-0584844	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
29		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent PETER R. ABESADE 2903 SALZEDO STREET CORAL GABLES, FLORIDA 33134		10. Name and Address of New Registered Agent 81 Name CARLOS M. PAZOS, CPA, PA 82 Street Address (P.O. Box Number is Not Acceptable) 10840 S.W. 113TH PLACE 83 84 City MIAMI FL 85 Zip Code 33176	
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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 Carlos M. Pazos 12/15/97
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 NAME STREET ADDRESS CITY - ST - ZIP	D CATALINA MENDELHSON 3550 FLAMINGO DRIVE MIAMI BEACH, FLORIDA <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D/P/S ALEJANDRO FOX 5415 COLLINS AVENUE, PH-C MIAMI BEACH, FLORIDA <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Catalina Mendelhuson 12/20/98 1919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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December 15, 1997

Annual Report Filings
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

**Re: Coco Musical Productions, Inc.
5415 Collins Avenue, PH C
Miami Beach, Florida**

Sir/Madam:

Please be advised that I have recently discovered that the above referenced corporation was administratively dissolved in September, 1997 and that the fees due to reinstate the same are substantially high.

I would like to take this opportunity to inform you of the events that have transpired which lead to the dissolution and request that the late charges be waived.

The corporation was formed in 1994, my wife at the time, Catalina Mendelhsen, was the sole director and our attorney, Peter R. Abesade, was eventually named as registered agent. In March, 1997 my divorce to Ms. Mendelhsen was finalized and as part of the divorce settlement the corporation, in its entirety, was to have passed to my name. Mr. Abesade represented my wife in the divorce and since the divorce was finalized in March, 1997 I have never received any additional correspondence from Mr. Abesade regarding the corporation.

It was my understanding that the necessary documents to effect the transfer ownership of the corporation had been prepared as part of the divorce proceedings, however, it is now evident that this was not the case.

In light of the aforementioned circumstances I am hereby requesting that any late charges or reinstatement fees be waived and that your agency accept the enclosed check in the amount of \$165 to process the Annual Report for 1997 for Coco Musical Productions, Inc.

Should you have any questions or require and additional documentation, please do not hesitate to contact me.

Sincerely,


Alex Fox
5415 Collins Avenue, PH-C
Miami Beach, Florida
Tel.: 534-2666