FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
95 MAY -1 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000008464 (6)

1. Corporation Name
COHLLO, INC.

Principal Place of Business	Mailing Address
201 S BISCAYNE BLVD SUITE 2300 MIAMI FL 33131-4329	201 S BISCAYNE BLVD SUITE 2300 MIAMI FL 33131-4329

3. Date Incorporated or Qualified: 01/27/1995
3a. Date of Last Report:

2. Principal Place of Business
21 ____
Suite, Apt. #, etc. 22 ____
City & State 23 ____
Zip 24 ____ Country 25 ____

2a. Mailing Address 26 1865 Brickell Ave
Suite, Apt. #, etc. 27 # A207
City & State 28 Miami Fla
Zip 29 33129 Country 30 USA

4. FEI Number: Applied for ☐ 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**

LESLIE ALAN SCHERE, P.A.
201 S BISCAYNE BLVD
SUITE 2300
MIAMI FL 33131-4329

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1865 Brickell Ave
83 Miami Fla # A-207
84 City 33129 FL 85 Zip Code

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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE ☒ Change ☐ Addition
NAME	COHEN, EDWARD M		1.2 NAME
STREET ADDRESS	201 S BISCAYNE BLVD SUITE 2300		1.3 STREET ADDRESS 1865 Brickell Ave #A207
CITY-ST-ZIP	MIAMI FL 33131-4329		1.4 CITY-ST-ZIP Miami Fla 33129
TITLE	SD	☐ DELETE	2.1 TITLE ☒ Change ☐ Addition
NAME	HOLLO, TIBOR		2.2 NAME
STREET ADDRESS	201 S BISCAYNE BLVD SUITE 2300		2.3 STREET ADDRESS 1865 Brickell Ave A207
CITY-ST-ZIP	MIAMI FL 33131-4329		2.4 CITY-ST-ZIP Miami Fla 33129
TITLE		☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
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

800001820998
--05/14/96--01115--014
****200.00 ****200.00

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)(k), 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: ______ April 8 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
EDWARD COHEN, President

CR2E034 (12/95)