

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

FILED

May 13 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 # **P95000008464 (6)**

1. Corporation Name

COHLLLO, INC.



Principal Place of Business 201 S BISCAYNE BLVD SUITE 2300 MIAMI FL 33131-4328	Mailing Address 1865 BRICKELL AVENUE SUITE A-207 MIAMI FL 33129-1621
--	--

2. Principal Place of Business 21 1865 Brickell Ave Suite, Apt. #, etc. 22 Miami Fl - A-207 City & State 23 Zip 33131 Country USA 24	2a. Mailing Address 25 8022 Fisher Dr Suite, Apt. #, etc. 26 Miami Fl City & State 27 Zip 33109 Country 28
---	--

3. Date Incorporated or Qualified 01/27/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 05-0747123 APPLIED FOR	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name and Address of Current Registered Agent LESLIE ALAN SCHERE, P.A. 1865 BRICKELL AVENUE MIAMI FL 33129

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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  (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	COHEN, EDWARD M	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
1865 BRICKELL AVENUE, SUITE A-207	MIAMI FL 33129	2.1 TITLE	2.2 NAME
SD	HOLLO, TIBOR	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
1865 BRICKELL AVENUE, SUITE A-207	MIAMI FL 33129	3.1 TITLE	3.2 NAME
<i>Lynne Cohen Treasurer</i>	<i>8022 Fisher Dr</i>	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
<i>Miami Fl 33180</i>		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)