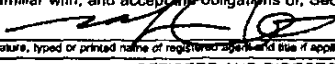
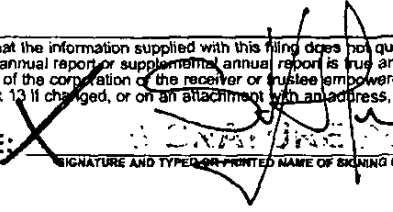


FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90096 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000046509			
1. Corporation Name COCO GELATO ON THE BAY, CORP.			
Principal Place of Business 15165 NW 77 AVE SUITE #2003 MIAMI FL 33014 US		Mailing Address 15165 NW 77 AVE SUITE #2003 MIAMI FL 33014 US	
2. Principal Place of Business 21 90 Glnsky 164 E Flagler St Suite, Apt. #, etc. 1518 City & State Miami FL Zip 33131 Country USA		2a. Mailing Address 26 90 Glnsky 164 E Flagler St Suite, Apt. #, etc. 1518 City & State Miami FL Zip 33131 Country USA	
22 1518		27 1518	
23 Miami FL		28 Miami FL	
24 33131 25 USA		29 33131 30 USA	
9. Name and Address of Current Registered Agent ROSARIO, HERMINIA 15165 NW 77 AVE SUITE #2003 MIAMI FL 33014		10. Name and Address of New Registered Agent 81 Name Michael Glnsky + Co. 82 Street Address (P.O. Box Number is Not Acceptable) 164 E Flagler St #1518 83 84 City Miami FL 85 Zip Code 33131	
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 3/24/99	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDVS	1.1 TITLE	PDVS
NAME	GUSTAVO, SIDELNIK	1.2 NAME	GUSTAVO SIDELNIK
STREET ADDRESS	15165 NW 77TH AVE #2003	1.3 STREET ADDRESS	2205 SW 28 ST
CITY-ST-ZIP	MIAMI FL 33014	1.4 CITY-ST-ZIP	MIAMI FL 33133
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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 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.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)