

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

FILED  
Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96 000020947**  
1. Corporation Name  
**COTILLION PARTNERS, INC.**

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified **03-06-1996** 3a. Date of Last Report

2. Principal Place of Business 21 <b>1304 SW 160th Ave.</b> Suite, Apt. #, etc. 22 <b>SUITE 251</b> City & State 23 <b>FORT LAUDERDALE / FL</b> Zip Country 24 <b>33326</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>1304 SW 160th Ave.</b> Suite, Apt. #, etc. 27 <b>SUITE 251</b> City & State 28 <b>FORT LAUDERDALE / FL</b> Zip Country 29 <b>33326</b> 30 <b>USA</b>	4. FEI Number <b>65-0646562</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name <b>MARIA L. COSTOYA</b>	85 Zip Code <b>33326</b>
82 Street Address (P.O. Box Number is Not Acceptable)	
83 <b>654 HERITAGE DRIVE</b>	
84 City <b>FORT LAUDERDALE FL</b>	

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 **MARIA L. COSTOYA - PRESIDENT** *Jamie de Costoya* **04/22/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		1.2 NAME <b>MARIA L. COSTOYA</b>	
STREET ADDRESS		1.3 STREET ADDRESS <b>654 HERITAGE DRIVE</b>	
CITY-ST-ZIP		1.4 CITY-ST-ZIP <b>FORT LAUDERDALE, FL 33326</b>	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME <b>300002161323</b>	
STREET ADDRESS		5.3 STREET ADDRESS <b>-05/01/97--01013--042</b>	
CITY-ST-ZIP		5.4 CITY-ST-ZIP <b>***165.00</b>	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Jamie de Costoya* **MARIA L. COSTOYA** **04/22/97** **(954) 389 0996**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)