

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

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000038694 (0)

1. Corporation Name

COCOBEN CORPORATION

Principal Place of Business

1545 E. OAKLAND PARK BLVD.  
OAKLAND PARK FL 33334

Mailing Address

1545 E. OAKLAND PARK BLVD.  
OAKLAND PARK FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1997

4. FEI Number

05-0754341

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

FILINGS INC  
3732 N.W. 18TH STREET  
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name

SHARON L. BLACK

82 Street Address (P.O. Box Number is Not Acceptable)

1545 E. OAKLAND PARK BLVD

83

84 City

OAKLAND PARK

FL

85 Zip Code

33334

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

SHARON L. BLACK, 1545 E. OAKLAND PARK BLVD, OAKLAND PARK FL 33334

Signature typed or printed name of new registered agent and the Approver

(NOTE: Registered Agent signature required when reinstating)

DATE 04/08/98

12. OFFICERS AND DIRECTORS

TITLE 0 BLACK, JOHN R

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1545 E. OAKLAND PARK BLVD.  
OAKLAND PARK FL 33334

TITLE 0 BLACK, SHARON L

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1545 E. OAKLAND PARK BLVD.  
OAKLAND PARK FL 33334

TITLE 0

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE 0

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE 0

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE 0

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 0 Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE 0 Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE 0 Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE 0 Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE 0 Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE 0 Change Addition

6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE

SHARON L. BLACK

SHARON L. BLACK, 1545 E. OAKLAND PARK BLVD, OAKLAND PARK FL 33334

CR2E034 (10/97)