

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 24 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 # P97000049916 (4)

1. Corporation Name  
COHEN INTERNATIONAL, INC.

Principal Place of Business

C/O MOYAL & ASSOCIATES, INC.  
82 N UNIVERSITY DR  
PEMBROKE PINES FL 33024

Mailing Address

C/O MOYAL & ASSOCIATES, INC.  
82 N UNIVERSITY DR  
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1997

4. FEI Number

65-075972

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 13369 NE 17th Ave

Suite, Apt. #, etc.

22 City & State

23 No. MIAMI, FLORIDA

24 Zip

33181

Country

25 USA

2a. Mailing Address

26 PO BOX 611405

Suite, Apt. #, etc.

27 City & State

28 MIAMI, FLORIDA

29 Zip

33261

Country

30 USA

9. Name and Address of Current Registered Agent

COHEN, PATRICIA  
C/O MOYAL & ASSOCIATES, INC.  
82 N UNIVERSITY DR  
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name

PATRICIA COHEN

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

13369 NE 17th Ave

83

84 City

NORTH MIAMI

FL

85 Zip Code

33181

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9.17.98

12. OFFICERS AND DIRECTORS

TITLE D COHEN, PATRICIA DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
82 N UNIVERSITY DRIVE  
PEMBROKE PINES FL 33024

TITLE DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT Change Addition

1.2 NAME PATRICIA COHEN

1.3 STREET ADDRESS 13369 NE 17th Ave

1.4 CITY-ST-ZIP NORTH MIAMI, FL 33181

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE 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)(f), 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 REQUIRED

9.17.98

CR2E034 (5/98)