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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000049731**

1. Corporation Name
COVEN, CORP.



Principal Place of Business
 7500 N.W. 41ST STREET
 SUITE 104
 MIAMI FL 33166

Mailing Address
 7500 N.W. 41ST STREET
 SUITE 104
 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
06/03/1998

2. Principal Place of Business
 21 **8532 NW 66 St.**
 Suite, Apt. #, etc.
 22 **Miami, FL 33166**

2a. Mailing Address
 26 **8532 NW 66 St**
 Suite, Apt. #, etc.
 27 **Miami FL 33166**

4. FEI Number
65-0840533

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

23 City & State
 Zip Country

28 City & State
 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALZ, IRAMA
 7500 N.W. 41ST STREET
 SUITE 104
 MIAMI FL 33166

81 Name **Gonzalez Irama**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **4662 NW 97 PL**
 84 City **Miami** FL 85 Zip Code **33178**

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

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE
 NAME **D GONZALEZ, IRAMA**
 STREET ADDRESS **7500 N.W. 41ST STREET**
 CITY-ST-ZIP **MIAMI FL 33166**

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE
 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, with all other like empowered.

SIGNATURE: *Irama Gonzalez* **SIGNATURE REQUIRED**

01/22/99 3054688900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)