Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90105 047 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000055774

1. Corporation Name

COOPER GAY DELTA, INC.

| Principal Place of Business | Mailing Address | | | | |
|---|--|-----------------------------------|---|-----------------|-------------|
| 701 BRICKELL AVE. | 701 BRICKELL AVE. | | | | |
| SUITE 2000 SUITE 2000 MIAMI FL 33131 MIAMI FL 33131 | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed | | |
| | | | | | |
| | | | | | |
| | | | 06/23/1998 4. FEI Nymber | | olied For |
| 2. Principal Place of Business | 2a. Mailing Address | | 65-0851908 | ├ ─── | Applicable |
| 21 8300 N.W. 53rd St | $ree^{\frac{ 26 }{26 }}$ 120 Wall 9 | S treet | <u> </u> | \$8.75 Ac | |
| Suite, Apt. #, etc. 22 Suite 101 | Suite, Apt. #, etc. | r | 5. Certificate of Status Desired | Fee Req | |
| City & State | 27 5th Floor | | 6. Election Campaign Financing | \$5.00 n | vlay Be |
| 23 Miami FI. | 28 New York | _NY | Trust Fund Contribution | Added to | Fees |
| Zip Country | Zip | Country | 8. This corporation owes the current year in | | _ |
| 24 33166 25 | 29 NY 3 | 0 | Personal Property Tax. | | □No |
| 9. Name and Address of C | urrent Registered Agent | | 10. Name and Address of New Registered | Agent | |
| | | 81 Name | Gardo A Consalos D | 7 H | , |
| WLMC REGISTERED AGENTS, I | NC-7 | 82 Street Add | icardo A. Gonzalez, P. ress (P.O. Box Number is Not Acceptable) | A | |
| 701 BRICKELL AVENU | | 72 | 70 NW 12th Street, Ste | PH-9 | |
| SUITE 2000 F FF / | | 83 | : | | |
| MIAMIFE 33181 | | | | - 25 7in C | ·ada |
| | a/add_ | City | ····································· | 85 Zip Ci | |
| 11. Pursuant to the provision of | 7 05 150 Florida Statutes | ne above-named con | poration submits this statement for the purpose of the board of directors. I hereby accept the appo | changing its r | registered |
| office or registered agent of the in the | Step of dorda. Such change was | erized by the corporet | ion's board of directors. I hereby accept the appo | intment as regi | istered |
| agent. I am familiar vith and a very the | 686,676,68 of, Section 607.0508,779/iii | 77712/// | 2 Anos 03 69 | 124 | |
| SIGNATURE | | legistered Agent si nature requir | ed when reinstating) DATE | 171- | |
| | red agent and title if applicable (NOTE: R | 13/ | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTOR | RS IN 12 |
| TILE OFFICE | DELETE | 1,1291 | / | ☐ Change | Addition |
| / | . , | 1.2 NAME | | | |
| NAME | | 1.3 STREET ADDRESS | | | |
| STREET ADDRESS | | ■ ' | | | l |
| CITY-ST-ZIP | DELETE | 1.4 CITY-ST-ZIP | | ☐ Change | Addition |
| NAME Director, TRE | ASVRER | 2.1 TITLE | | |) |
| Tohy C.D. Ess | zer | 2.2 NAME | | | |
| STREET ADDRESS IN 1 HOUSE. | 26 Creechurch la | 2.3 STREET ADDRESS | | | |
| CHY-SI-ZIP I | 53H DELETE | 2.4 CH 1-31-4F | 2 | Change | Addition |
| Thirty - Street | | | | Change | [N-Vaninoy] |
| NAME Michael R. Joi | ies Seatt | 3.2 NAME | | | |
| STREET ADDRESS Director, PRESI | reivi 16 Gwoodhurchillan | 3.3 STREET ADDRESS | | | ļ |
| CITY-ST-ZIP Int 1 House, | 26 Creechurch Land | 3.4. CITY-ST-ZIP | | | |
| TIME EC3A 53H Long | DELETE | 4,1 TITLE | | Change | Addition |
| NAME Secretary | | 4. 2 NAME | | | [|
| STREET ADDRESS Peter Gorman | | 4.3 STREET ADDRESS | | | |
| CITY ST-ZIP 120 Wall Str | eet. | 4.4 CITY-ST-ZIP | | | |
| New York, NY | | 5.1 TITLE | | Change | Addition |
| New York, NI | 10003 | 5.2 NAME | | | { |
| | | | | | |

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TORE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Change

Addition