PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT,OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90149 014 ***150.00

DOCUI 1. Corporation	MENT # P98000	066668						
,	COLE INC.							
Principal Place	of Business	Mailing Address			MINE JOST MANTO MARTI ABRIY CANT	A Billio Ansva Astila I	INDER THE CHAIN	
· ·	ST 72ND AVENUE. #2J2	777 NORTHWEST 72ND AVI	ENUE. #2J2					
MIAMI FL 33126		MIAMI FL 33126			DO NOT WEITE IN THE	C SDACE	-	
				3. Date Incorporate	DO NOT WRITE IN THIS	SOFAUL		
}				07/29/1998	g or Quantou		- 1	
	A Duelana	2a. Mailing Address	_ 	4. FEI Number		App	lied For	
F				65-08	361613		Applicable	
21 26		Suite, Apt. #, etc.				\$8.75 A	dditional	
22		27		5. Certificate of Status Desired Fee Rec		puired		
City & State		City & State		6. Election Campaign Financing \$5.00 May				
23		28		Trust Fund Cont	Trust Fund Contribution Added to Fees			
Zip	Country =	- Zip	Country		owes the current year in			~
24 25 29 3			30	Personal Property Tax. Yes No 10. Name and Address of New Registered Agent			<u> </u>	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Add	ess of New Registered	Agent		ļ
CCE	MLA, SEBASTIEN		SCEMLA _	CLALDE				
	mea, sedastien Northwest 72ND Avenue, #2	פו	82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)				
1	NONTHITEST 72ND AVENUE, #2 Al FL 33128	.uc.	83	<u> </u>	<u> 12 AJZ.:</u>	<u> </u>	' -j	
RIVER	MI FL 33 120		[83]					
			84 City	MIAMI	F!	L 85 ZJO C	ode 126	İ
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statute	s, the above-named	corporation submits this sta	tement for the purpose of	of changing its	registered istered	
office or n	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida, Such change was au ions of, Section 607.0505, Flori	ida Statutes.	rapon s board of uneclors.	risiany accept ain appo	4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SIGNATURE	Miller _ C	I ALL DE SCE	MLA-TRESI	البهام	02/10	, 99		l _
Sionarione.	Signature, types of prision name of registered agent	and title if applicable. (NOTE:	Registered Agent signature re	iquired when reinstating)	NGES TO OFFICERS A	NO DIRECTOR	2S IN 12	CR2E034 (11/98)
12.	OFFICERS ANI	DELETE	13.	PRESIDE.		Change	Addition	Ē
TITLE	PRESIDENT		1.2 NAME			~	ļ	<u>*</u>
NAME	SCENLA, SEBA	クロビッナン	1.3 STREET ADDRESS	JCEW CA	CLAMDE	2 72		
STREET ADDRESS	LITNW'IZVO	Ave: \$272	14 CITY-ST-ZIP	グログルラ	12 Avens	うかい		≅
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- CITY-ST-ZIP		.,	2.4 C(TY-ST-ZIP	·	·			
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STREET ADDRESS			4.3 STREET ADORESS				ł	l
CITY-ST-ZIP			4.4 CITY-ST-ZIP			Change	Addition	
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NAME			52 NAME 53 STREET ADDRESS				Ì	i
STREET AOORESS	1	•	5.4 CITY-ST-ZIP				[ĺ
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	Addition	
TITLE		C) Defets	6.2 NAME			_ •	- }	J
NAME			6.3 STREET ADDRESS				ļ	į
STREET ADDRESS			6.4 CITY-ST-ZIP			•	Į	į
CITY-ST-ZIP	de la	h this filles does not qualify for		in Section 119 07(3)(i) Flo	dda Statutes. I further cr	ertify that the in	formation	

I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(2)(), Fixhua Statutes, I turner 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.