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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P98000096879**1. Corporation Name

COUSINS & ASSOCIATES, INC.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90189 028 ***150.00



Principal Place	e of Business	Mailing Address								
400 NORTHEAST 100TH STREET MIAMI SHORES FL 33138		400 NORTHEAST 100TH STREET MIAMI SHORES FL 33138				_		-		
						D	O NOT WRIT	E IN THIS	SPACE	
	•				3. D	ate Incorporated	or Qualifed			i
	*				1	11/18/1998				
2. Principal Pl	lace of Business	2a. Mailing Address				El Number			- /	Applied For
— '		 				65 - 0	8802	87		Not Applicable
21		26				<u> </u>				Additional
Suite, Apt.	#, etc.	—			5 . C	ertifcate of Statu	s Desired			Required
22	· · · · · · · · · · · · · · · · · · ·	27							_ _	
City & State	e	City & State				lection Campaig	=			May Be
23		28				rust Fund Contril				d to Fees
Zip	Country	Zip	Country	y		his corporation of	wes the curre	ent year in		
24	25	29	30			ersonal Property] Yes	No
	9. Name and Address of Current	Registered Agent			10. N	lame and Addre	ss of New R	Registered	Agent	
·			81	Name	MARI	ON GL	FA	LOAS	,	
AME	RILAWYER		L.	<u>. </u>						
	ALMERIA AVENUE		82	Street A	ddress (P.C	D. Box Number is	Not Accepta	ible)	-	
	RAL GABLES FL 33134				100 N	<u> </u>	SITEEL			
COR	INL GABLES FL 33134		83	'						1
			84	City					85 Zir	o Code
			"	וויי ויי	11AM1	SHORES		FL	_ " 3	3138
11 Dumumt	to the provisions of Sections 607.0502	and 607 1508 Florida Statute	es the abov	re-named c	ornoration s	submits this state	ment for the	purpose of	changing i	ts registered
	enistered agent, or both, in the State o	of Florida. Such change was au	ithorized by	/ the corpor	ration's boa	rd of directors. I	hегеbу ассер	t the appo	intment as	registered
office or n			ida Statuta							ľ
office or n	m familiar with, and accept the obligati	ions of pection 607.0505, Flor	iua Statute	S.			20 400	10	20	
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office or n agent. I a	m familiar with and accept the obligation of the state of	t and title if applicable. (NOTE:	Registered Age	s.	quired when rein		28 MRI			CODE IN 12
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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 changes for on an attactment with an address, with all other like empowered.

SIGNATURE:

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