

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

**FILED**  
**May 08 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # S12948 (3)**  
 1. Corporation Name  
**KOCHEN INVESTMENT CORP.**



Principal Place of Business <b>2520 NW 5TH AVE MIAMI FL 33127</b>	Mailing Address <b>2520 NW 5TH AVE MIAMI FL 33127</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2520 NW 26 ST</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>2520 NW 26 ST</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>11/15/1990</b>	
22 City & State <b>M. AMI FLA</b>		27 City & State <b>M. AMI FLA</b>		4. FEI Number <b>65-0228165</b>	
23 Zip <b>33127</b>		28 Zip <b>33127</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KOCHEN, CARLOS D. 2520 N.W. 5TH AVENUE MIAMI FL 33127</b>				10. Name and Address of New Registered Agent	
81 Name <b>KOCHEN CARLOS D.</b>		82 Street Address (P.O. Box Number is Not Acceptable) <b>2520 NW 26 ST</b>			
83		84 City <b>MIAMI</b>			
85 State <b>FL</b>		86 Zip Code <b>33127</b>			

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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>KOCHEN, JOSE R</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2520 NW 5TH AVE</b>	CITY-ST-ZIP <b>MIAMI FL</b>	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS <b>2520 NW 26 ST</b>	
		1.4 CITY-ST-ZIP <b>MIAMI FLA 33127</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VD</b>	NAME <b>KOCHEN, MARCELO J</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2520 NW 5TH AVE</b>	CITY-ST-ZIP <b>MIAMI FL</b>	2.2 NAME	
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS <b>2520 NW 26 ST</b>	
		2.4 CITY-ST-ZIP <b>MIAMI FLA 33127</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>STD</b>	NAME <b>KOCHEN, CARLOS D</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2520 NW 5TH AVE</b>	CITY-ST-ZIP <b>MIAMI FL</b>	3.2 NAME	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS <b>2520 NW 26 ST</b>	
		3.4 CITY-ST-ZIP <b>MIAMI FLA 33127</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:  **Vice President** 4/28/98 3055769866  
DATE DAYTIME PHONE # 0176559

CR2E034 (10/97)