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**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(9)

**FILED** 

Feb 09 1998 8:00am

Secretary of State

COHAL	, WAY MOBIL, INC.								
Principal Place	e of Business	Mailing Address				I DU DANGUL AND ALDRA ADDA OFFICE DATE	i tallı dalıkı bilili		ILELI BIBIT TOBE
3201 CORAL		3201 CORAL WAY							
MIAMI FL 331		MIAMI FL 33145	MIAMI FL 33145			DO NOT WRITE IN THIS SPACE			
								SPACE	
						<ol> <li>Date Incorporated or Qualified</li> <li>0.1/05/1400.1</li> </ol>	1		
		A. Marina Addison	·			01/25/1991 4. FEI Number		17	
2. Principal Place of Business		2a. Mailing Address							Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				65-0245866   Not Applicable   \$8.75 Additional			
<b>—</b>		27				5. Certificate of Status Desired			Required
City & State		City & State				6. Election Campaign Financing		\$5.0	0 May Be
23	•	28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes or has	paid the cur		
24	25	29	30			Personal Property Tax due Jui		Yes	□ No
	9. Name and Address of Curren				1	0. Name and Address of New I	Registered .	Agent	
RU	IIZ, RAFAEL E.			31 Name					
	01 CORAL WAY			32 Street	Addrage	(P.O. Box Number is Not Accept	able)		
	AMI FL 33145			3000	i Addidaa	(i.e. box Hamber is Hot Floodpi	abio		
••••			Ĩ	33					
			١,	34 City	<del></del>			85 Zi	p Code
				City			FL	.   65   21	a code
11. Pursuani i	to the provisions of Sections 607.050	2 and 607 1508, Florida Statut	es, the about	by the co	d corporation's	ition submits this statement for the	e purpose of	changing	its registered as registered
	to the provisions of Socions 607.050 egistered agent, or bolh, in the State im familiar with, and accept the obligations are series of the obligations.	ations of, Section 607.0505, Fk	orida Statu	les.	· poranor ·	0 0000 0, 0.100.010 1 110.02, acc	op: the upp		
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable (NOT	E: Registered		_	rhera reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered age OFFICERS ANI	out and tillo if applicable (NGT D DIRECTORS	E: Registered	Agem signatu	_		DATE	DIRECTO	DRS 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 changed, or on an attachment with an address.