

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S97375** ✓  
Corporation Name  
**MARCELO COHEN INVESTMENTS, INC.**

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90013 038 \*\*\*150.00



Principal Place of Business      Mailing Address  
**0 SW 140 ST**      **9400 SW 140 ST**  
**MI FL 33176**      **MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/01/1992	
City & State		27. -- STE #201 --		4. FEI Number	
Zip		28. MIAMI, FL		65-0318264	
Country		Zip		Applied For	
25. USA		29. 33156		Not Applicable	
30. USA				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year	
				Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COHEN, MARCELO**  
**9400 SW 140 ST**  
**MIAMI FL 33176**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

**FL**

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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

GNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

E AE EET ADDRESS Y-ST-ZIP	PD COHEN, MARCELO 9400 SW 140 ST MIAMI FL	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			1.2 NAME	
E AE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
			1.4 CITY-ST-ZIP	
E AE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			2.2 NAME	
E AE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
			2.4 CITY-ST-ZIP	
E AE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.2 NAME	
E AE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
			3.4 CITY-ST-ZIP	
E AE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.2 NAME	
E AE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
			4.4 CITY-ST-ZIP	
E AE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.2 NAME	
E AE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
			5.4 CITY-ST-ZIP	
E AE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.2 NAME	
E AE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
			6.4 CITY-ST-ZIP	

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:

**SIGNATURE REQUIRED**

*July 27 1999* (301) 663-2880

CR2E034 (5/99)

585162-9003-38  
\$97375

# MARCELO COHEN INVESTMENTS INC.

July 2, 1999

Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

RE: S97375 - MARCELO COHEN INVESTMENTS, INC.

Gentlemen:

Enclosed herewith please find our check in the amount of \$150.00 US CY. We spoke to a representative in your office on this date and advised her that we had not received the first packet for filing this 1999 PROFIT CORPORATION ANNUAL REPORT. She informed us that we must write a letter and attach it to our payment for this fee and to advise you that we did not receive the first advice regarding this fee

We also wish to advise that future correspondence should be addressed as follows:

MARCELO COHEN INVESTMENTS, INC.  
7740 S. W. 104<sup>TH</sup> STREET - STE #201  
MIAMI, FL 33156

Very truly yours,

MARCELO COHEN INVESTMENTS, INC.

Marcelo Cohen,  
President

Encl.