FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 17 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V63786** **(0)**

1. Corporation Name

COPANS (PHASE I), INC.

Principal Place of Business	Mailing Address
3049 NE 136RD ST. N. MIAMI BEACH FL 33160 US	3049 NE 163RD ST. N. MIAMI BEACH FL 33160 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/15/1992
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business	2a. Mailing Address
21 3115 NE 163rd Street	26 3115 NE 163rd Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 North Miami Beach, FL	City & State 28 North Miami Beach, FL
Zip 24 33160	Country 25 USA
Zip 29 33160	Country 30 USA

4. FEI Number: 65-0372636 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PREMIER ASSET MANAGEMENT INC. 3049 N.E. 163RD STREET NORTH MIAMI BEACH FL 33160	61 Name 62 Street Address (P.O. Box Number is Not Acceptable): 3115 NE 163rd Street 63 64 City: North Miami Beach FL 65 Zip Code: 33160

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 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.

SIGNATURE X [signature] Jack Azout, President 4/7/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remitting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	SREDNI, ISAAC	1.2 NAME	
STREET ADDRESS	3049 NE 136RD ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	AZOUT, JACK	2.2 NAME	
STREET ADDRESS	3079 N.E. 163RD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	SREDNI, ERWIN	3.2 NAME	
STREET ADDRESS	3049 N.E. 163RD STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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, added or deleted.

SIGNATURE: [signature] Erwin Sredni Vice President 4/7/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0172607 CP