

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V63786** (0)

1. Corporation Name

COPANS (PHASE I), INC.



Principal Place of Business

Mailing Address

3115 NE 163RD STREET
N. MIAMI BEACH FL 33160
US

3115 NE 163RD STREET
N. MIAMI BEACH FL 33160
US

2. Principal Place of Business

2a. Mailing Address

21 **2100 Park Central Blvd. N.**

26 **2100 Park Central Blvd. N.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **900**

27 **900**

City & State

City & State

23 **Pompano Beach, FL**

28 **Pompano Beach, FL**

Zip Country

Zip Country

24 **33064**

25 **USA**

29 **33064**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/15/1992

3a. Date of Last Report

04/17/1995

4. FEI Number

65-0372636

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

**PREMIER ASSET MANAGEMENT INC.
3115 NE 163RD STREET
NORTH MIAMI BEACH FL 33160**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2100 Park Central Blvd. North

83

Suite 900

84 City

Pompano Beach

85 FL

Zip Code

33064

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 607.0503, Florida Statutes.

SIGNATURE

Jack Azout

Jack Azout, President

04/29/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP SREDNI, ISAAC**
STREET ADDRESS **3049 NE 136RD ST.**
CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE ☐ DELETE

NAME **SD AZOUT, JACK**
STREET ADDRESS **3079 N.E. 163RD STREET**
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITLE ☐ DELETE

NAME **VD SREDNI, ERWIN**
STREET ADDRESS **3049 N.E. 163RD STREET**
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Jack Azout
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Azout, Secretary

04/29/96

(954)971-3339

Date

Daytime Phone #

CR2E034 (12/95)