

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

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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90123 005 ***158.75

UC99020

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000004740

1. Corporation Name
02COOL INVESTMENTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2555 COLLINS AVE. #604 MIAMI BEACH FL 33140	Mailing Address 2555 COLLINS AVE. #604 MIAMI BEACH FL 33140
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3. Date Incorporated or Qualified 09/11/1997
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2. Principal Place of Business	2a. Mailing Address
21 521 SW 64 COURT	26 P.O. Box 402011
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Miami FL	28 Miami Beach FL
24 33144 25 Country	29 33140 30 USA

4. FEI Number 65-0768443	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
GUILIAN, MARIA A ESQ. 330 SW 27TH AVE #703 MIAMI FL 33135	

10. Name and Address of New Registered Agent	
81 Name DAVID M. LEWELLYN	82 Street Address (P.O. Box Number is Not Acceptable) 521 SW 64 COURT
83	84 City MIAMI FL
85 Zip Code 33144	

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 *[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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILIAN, MARIA A	1.2 NAME	DAVID M. LEWELLYN
STREET ADDRESS	2555 COLLINS AVE. #604	1.3 STREET ADDRESS	521 SW 64 COURT
CITY-ST-ZIP	MIAMI BEACH FL 33140	1.4 CITY-ST-ZIP	MIAMI, FL 33144
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	MARCELA CARIAS
STREET ADDRESS		2.3 STREET ADDRESS	Ave Los Proceres No.10 Residencial Gala
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Santo Domingo Dom Rep
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	MARCELA CARIAS
STREET ADDRESS		3.3 STREET ADDRESS	Ave Los Proceres No.10 Residencial Gala
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Santo Domingo Dom Rep
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DAVID M. LEWELLYN
STREET ADDRESS		4.3 STREET ADDRESS	521 SW 64 COURT
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FLA 33144
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, with all other like empowered.

SIGNATURE: *[Signature]* Date: **2/18/99** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)