

<sup>94551</sup>  
**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 512005  
 B. Northam  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 27 AM 9:11

**DOCUMENT # F94000005908 (8)**

1. Corporation Name  
**COCO LOPEZ, INC.**

Principal Place of Business Mailing Address  
 180 E. BROAD ST., 13TH FL. COLUMBUS OH 43215  
 180 E. BROAD ST., 13TH FL. COLUMBUS OH 43215

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>11/15/1994</b>		3a. Date of Last Report	
4. FEI Number <b>66-0508917</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for withholding tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
2. Principal Place of Business	2a. Mailing Address		
21 [ ] Suite, Apt. #, etc.	26 [ ] Suite, Apt. #, etc.		
22 [ ] City & State	27 [ ] City & State		
23 [ ] Zip	28 [ ] Zip	29 [ ] Country	30 [ ] Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND ROAD                  PLANTATION FL 33324</b>				01	Name		
				02	Street Address (P.O. Box Number is Not Acceptable)		
				03			
				04	City	05	Zip Code
				FL			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORRPIO A., JOSE A	1.2 NAME	
STREET ADDRESS	GNRL. LUPERON AVE., CORNER OF ANACAONA AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	SANTO DOMINGO, DOMINICAN REP	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARCELO V., RAFAEL	2.2 NAME	
STREET ADDRESS	GNRL. LUPERON AVE., CORNER OF ANACAONA AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SANTO DOMINGO, DOMINICAN REP	2.4 CITY - ST - ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORRPIO A., LUCIA	3.2 NAME	
STREET ADDRESS	GNRL. LUPERON AVE., CORNER OF ANACAONA AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	SANTO DOMINGO, DOMINICAN REP	3.4 CITY - ST - ZIP	
TITLE	VT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, JOSE L	4.2 NAME	
STREET ADDRESS	7335 FAIRWAY DR. NO. 608	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI LAKE FL 33014	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, HERNANDO A	5.2 NAME	
STREET ADDRESS	1803 PONCE DE LEON AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	SANTURCE PR 00909	5.4 CITY - ST - ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, SANDY	6.2 NAME	
STREET ADDRESS	STATE ROAD 008, INT. 885, KM. 12.1	6.3 STREET ADDRESS	
CITY - ST - ZIP	CANDELARIA WARD, TOA BAJA PR	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 110.07(3)(b), 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: Jose L. Suarez **6/14/95** **(305)279-1577**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3-95)