

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000005908 (8)**

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



Principal Place of Business Mailing Address  
~~10000 SW 72ND STREET SUITE 150 MIAMI FL 33178~~ **8000 GOVERNORS SQUARE BLVD. MIAMI LAKES, FL. 33016** ~~10000 SW 72ND STREET SUITE 150 MIAMI FL 33178~~ **304**

3. Date Incorporated or Qualified **11/15/1994** 3a. Date of Last Report **06/20/1995**  
4. FEI Number **66-0508917** 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

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. 25. 29. 30.

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	CORRIPIO A., JOSE A	
STREET ADDRESS	GNRL. LUPERON AVE., CORNER OF ANACAONA AVE	
CITY - ST - ZIP	SANTO DOMINGO, DOMINICAN REP	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARCELO V., RAFAEL	
STREET ADDRESS	GNRL. LUPERON AVE., CORNER OF ANACAONA AVE	
CITY - ST - ZIP	SANTO DOMINGO, DOMINICAN REP	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	CORRIPIO A., LUCIA	
STREET ADDRESS	GNRL. LUPERON AVE., CORNER OF ANACAONA AVE	
CITY - ST - ZIP	SANTO DOMINGO, DOMINICAN REP	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	SUAREZ, JOSE L	
STREET ADDRESS	7335 FAIRWAY DR. NO. 608	
CITY - ST - ZIP	MIAMI LAKE FL 33014	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RIVERA, HERNANDO A	
STREET ADDRESS	1603 PONCE DE LEON AVE.	
CITY - ST - ZIP	SANTURCE PR 00909	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MARTIN, SANDY	
STREET ADDRESS	STATE ROAD 866, INT. 865, KM. 12.1	
CITY - ST - ZIP	CANDELARIA WARD, TOA BAJA PR	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: 3/7/96 (305) 820-9095  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CFR2E034 (12/95)