

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

**FILED**

**Mar 21 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # F94000005908 (8)**

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



Principal Place of Business  
**8000 GOVERNORS SQUARE BLVD  
MIAMI LAKES FL 33016  
US**

Mailing Address  
**8000 GOVERNORS SQUARE BLVD  
SUITE 304  
MIAMI LAKES FL 33016-6201  
US**

3. Date Incorporated or Qualified **11/15/1994** 3a. Date of Last Report **03/12/1996**  
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  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip Country  
24. 25. 26. 27. 28. 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 607.0602 and 607.1608, 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

Signature of the principal officer of the corporation and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPT</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORRPIO A., JOSE A</b>	12 NAME	
STREET ADDRESS	<b>GNRL. LUPERON AVE., CORNER OF ANACAONA AVE</b>	13 STREET ADDRESS	
CITY- ST- ZIP	<b>SANTO DOMINGO, DOMINICAN REP</b>	14 CITY- ST- ZIP	
TITLE	<b>D</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARCELO V., RAFAEL</b>	22 NAME	
STREET ADDRESS	<b>GNRL. LUPERON AVE., CORNER OF ANACAONA AVE</b>	23 STREET ADDRESS	
CITY- ST- ZIP	<b>SANTO DOMINGO, DOMINICAN REP</b>	24 CITY- ST- ZIP	
TITLE	<b>DS</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORRPIO A., LUCIA</b>	32 NAME	
STREET ADDRESS	<b>GNRL. LUPERON AVE., CORNER OF ANACAONA AVE</b>	33 STREET ADDRESS	
CITY- ST- ZIP	<b>SANTO DOMINGO, DOMINICAN REP</b>	34 CITY- ST- ZIP	
TITLE	<b>VT</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUAREZ, JOSE L</b>	42 NAME	
STREET ADDRESS	<b>7335 FAIRWAY DR. NO. 608</b>	43 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI LAKE FL 33014</b>	44 CITY- ST- ZIP	
TITLE	<b>S</b>	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIVERA, HERNANDO A</b>	52 NAME	
STREET ADDRESS	<b>1803 PONCE DE LEON AVE.</b>	53 STREET ADDRESS	
CITY- ST- ZIP	<b>SANTURCE PR 00909</b>	54 CITY- ST- ZIP	
TITLE	<b>V</b>	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, SANDY</b>	62 NAME	
STREET ADDRESS	<b>STATE ROAD 886, INT. 865, KM. 12.1</b>	63 STREET ADDRESS	
CITY- ST- ZIP	<b>CANDELARIA WARD, TOA BAJA PR</b>	64 CITY- ST- ZIP	

14. I do 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 included 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 in an attachment with an address.

**SIGNATURE:**

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Digitized Photo #

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