

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 12, 1999 8:00 am
Secretary of State

03-12-1999 90037 045 ***300.00

DOCUMENT # F94000005908

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/15/1994

4. FEI Number
66-0508917

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ 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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT ☐ DELETE
NAME CORRIPIO A., JOSE A
STREET ADDRESS GNRL. LUPERON AVE., CORNER OF ANACAONA AVE
CITY-ST-ZIP SANTO DOMINGO, DOMINICAN REP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BARCELO V., RAFAEL
STREET ADDRESS GNRL. LUPERON AVE., CORNER OF ANACAONA AVE
CITY-ST-ZIP SANTO DOMINGO, DOMINICAN REP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DS ☐ DELETE
NAME CORRIPIO A., LUCIA
STREET ADDRESS GNRL. LUPERON AVE., CORNER OF ANACAONA AVE
CITY-ST-ZIP SANTO DOMINGO, DOMINICAN REP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VT ☐ DELETE
NAME SUAREZ, JOSE L
STREET ADDRESS 7335 FAIRWAY DR. NO. 608
CITY-ST-ZIP MIAMI LAKE FL 33014

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME RIVERA, HERNANDO A
STREET ADDRESS 1603 PONCE DE LEON AVE.
CITY-ST-ZIP SANTURCE PR 00909

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME MARTIN, SANDY
STREET ADDRESS STATE ROAD 866, INT. 865, KM. 12.1
CITY-ST-ZIP CANDELARIA WARD, TOA BAJA PR

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)