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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

K67626

(7)

RASTRO COCO INC.

FILED Feb 20 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address		E OBBRAIN DEB BURK FORTO DIVER TOURS BUIL BURIL BURIL BURIL DIREK BERK TOUR
2707 E. 7 AVE. 2707 E. 7 AVE. HIALEAH FL 33013 HIALEAH FL 33013				DO NOT WRITE IN THIS SPACE
				3. Date incorporated or Qualified 02/22/1989
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
21		26		65-0100792 Not Applicable
Suite, Apt.	#, 9 10.	Suite, Apt. #, etc.		5. Certificate of Status Desired Sa.75 Additional
22		27		Fee Required
City & State	•	City & State		6. Election Campaign Financing \$5.00 May Be
23		28	Country	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\square\$ No
24	25 9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Registered Agent
LARA, LUIS N 2707 E. 7 AVE. 82 Street				et Address (P.O. Box Alumber is Not Acceptable)
HALEAH FL 33013			82 Stre	et Address (P.O. Box Number is Not Acceptable)
1 167	ACCION 1 L GOOTO		83	
			84 63	les 7in Codo
			84 City	Hipleph, Fl. FL 33012
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	The time time to the second to the		,	
Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature requirements)				
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change
TITLE	DP	DELETE		LARA, LUISA D.
NAME	LARA, LUIS N		1.2 NAME	
STREET ADDRESS	2707 E 7 AVE		1.3 STREET ADDRE	S 357 W 49 7 33013
CITY-ST-ZIP	HIALEAH FL 33013	DELETE	1.4 CiTY-ST-ZIP 2.1 TITLE	HIAICHI, PI. 3000
TITLE	HERNANDEZ, RAFAEL	octor	2.2 NAME	
NAME	742 E 37 ST		2.3 STREET ADDRE	ee
STREET ADDRESS	HIALEAH FL		2.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE	THELEFITTE	DELETE	3.1 TITLE	Change Addition
NAME		_	3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRE	ss
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRE	es
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRE	ss
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE		Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRE	SS
CITY-ST-ZIP			6.4 CITY - ST - ZIP	Continued in Continued 110 07/20/21 Elevidor Protection further continued that the information
14. I hereby o	certify that the information supplied	a with this tiling does not qual	ily lor the exemption s	tated 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 it made under oath; that I am at 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.