Applied For

Fee Required \$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

□No

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

DOCUMENT # P93000053531

25

1. Corporation Name

Zip

24

COTI-COMPRAS, CORP.

Principal Place of Business	Mailing Address	
1081 MILAN AVENUE CORAL GABLES FL 33134 US	P.O. BOX 144134 CORAL GABLES FL 33114 US	
2. Principal Place of Business	2a. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
22	27	
00 0 0 0	City & State	
City & State	Only a state	

Zip

29

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90003 015 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

07/30/1993 4. FEI Number

65-0431620

9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
		81	Nar	me		
SEGEBRE, FRED A			Stre	eet Address (P.O. Box Number is Not Acceptable)		
1081 MILAN AVE			3"	BEL Addiess (1.3. Ben Admissi is 1747) is septiment,		
CORAL GABLES FL 33134						
		0.4	Cit	y 85 Zip Code		
		84	City	FL FL FL FL FL FL FL FL		
office or re	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the gistered agent, or both, in the State of Florida. Such change was authorn familiar with, and accept the obligations of, Section 607.0505, Florida	rized by	the c	ned corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE. Regis	stored Ane	nt signat	ture required when reinstating) DATE		
12. OFFICERS AND DIRECTORS 13.			The second secon			
TITLE		1.1 TITLE		Change Addition		
NAME		1.2 NAME				
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	1.3 STREET ADDRESS		ESS		
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP				
TITLE		2.1 TITLE		☐ Change ☐ Addition		
NAME		2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS		ESS		
CITY-ST-ZIP		2. 4 CITY-ST-				
TITLE	☐ DELETE	3.1 TITLE		Change Addition		
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDR		ESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition		
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET AD		ESS		
CITY-ST-ZIP		4.4 CITY-S	ST-ZIP			
TITLE		5.1 TITLE		☐ Change ☐ Addition		
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREE		ESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	C Detect	6.1 TITLE		Change Addition		
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRES		ESS		
CITY-ST-ZIP		6.4 CITY-S				
14. I hereby of indicated	ertify that the information supplied with this filing does not qualify for the on this annual report or supplemental annual report is true and accurate	exempt and tha	tion st at my s	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an output of the same statutes and that my page appears in		

Country

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305-461-1223