

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000076439 (5)

1. Corporation Name

COCHA INTERNATIONAL, INC.



Principal Place of Business

1915 BRICKELL AVENUE C1104
MIAMI FL 33129

Mailing Address

1915 BRICKELL AVENUE C1104
MIAMI FL 33129

2. Principal Place of Business

21 13051 SW 29CT

2a. Mailing Address

26 13730 SW 84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State
23 DAVIE FL

27
City & State
28 DAVIE FL

24 Zip 33330

Country

29 Zip 33330

Country

30 U.S.A

3. Date Incorporated or Qualified

10/05/1995

3a. Date of Last Report

4. FEI Number

65-0616932

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

9. Name and Address of Current Registered Agent

LASCURAIN, EUGENIO A
1915 BRICKELL AVENUE C1104
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name LASCURAIN, EUGENIO A

82 Street Address (P.O. Box Number is Not Acceptable)

13051 SW 29CT

83

84 City DAVIE

FL

85 Zip Code 33330

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when not stating)

DATE

2/13/96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LASCURAIN, EUGENIO A
STREET ADDRESS 1915 BRICKELL AVENUE C1104
CITY-ST-ZIP MIAMI FL 33129

TITLE VD
NAME LASCURAIN, MARIA C
STREET ADDRESS 1915 BRICKELL AVENUE C1104
CITY-ST-ZIP MIAMI FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Day/night Phone #

2/13/96 1954/2363908

CR2E034 (12/95)