

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

FILED

Apr 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 # P94000000431 (4)

1. Corporation Name
COBRA EXPORTS CORPORATION



Principal Place of Business

2421 N.E. 10TH STREET
HALLANDALE FL 33009

Mailing Address

2421 N.E. 10TH STREET
HALLANDALE FL 33009-2872

2. Principal Place of Business

21 1638 PLUNKETT ST #

Suite, Apt. #, etc.

22 #4

City & State

23 Hollywood FL

Zip

24 33020

Country

25

2a. Mailing Address

26 1638 PLUNKETT ST

Suite, Apt. #, etc.

27 #4

City & State

28 Hollywood FL

Zip

29 33020

Country

30

3. Date Incorporated or Qualified

01/04/1994

3a. Date of Last Report

05/20/1996

4. FEI Number

65-0457733

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

MOTOGA, ADRIAN
2421 N.E. 10TH STREET
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name

ADRIAN MOTOGA

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

1638 PLUNKETT ST #4

83

84 City

Hollywood

FL

85 Zip Code

33020

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

X Doc. Clerk

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

PD
MOTOGA, ADRIAN
2421 N.E. 10TH STREET
HALLANDALE FL 33009

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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: V. C. BLOOM

CR2E034 (9/96)