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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 369883

1. Corporation Name COVA INC.

Principal Place of Business 3555 SW 8TH STREET MIAMI FL 33135-4109

Mailing Address 3555 SW 8TH STREET MIAMI FL 33135-4109



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/16/1970
4. FEI Number 59-1319580
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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 3663 SW 8th St

2a. Mailing Address 3663 SW 8th St

22 Suite, Apt. #, etc. 3rd Floor

27 Suite, Apt. #, etc. 3rd Floor

23 City & State MIAMI FL

28 City & State MIAMI FL

24 Zip 33135 Country USA

29 Zip 33135 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALLS, FELIPE A 3555 S W 8TH ST MIAMI FL 33135

81 Name VALLS, FELIPE A.
82 Street Address (P.O. Box Number is Not Acceptable) 3663 SW 8th Street 3rd Floor
83
84 City MIAMI FL 85 Zip Code 33135

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

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include officer details like name, title, address, and change/addition checkboxes.

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:

Handwritten signature of Felipe A. Valls

SECRETARY FELIPE A. VALLS, JR 2/2/99 (305) 446-4916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)