

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

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90040 048 ***150.00

DOCUMENT # 398153

1. Corporation Name

COBRI INVESTMENTS, INC

Principal Place of Business

CAPITAL BANK BLDG-MEZZ
2151 LE JEUNE ROAD
CORAL GABLES FL 33134

Mailing Address

CAPITAL BANK BLDG-MEZZ
2151 LE JEUNE ROAD
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1972

4. FEI Number

66-0314248

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 COBRI INVESTMENTS, INC.

2a. Mailing Address

26 COBRI INVESTMENT, INC.

Suite, Apt. #, etc.

22 11390 SW 57 AVE

Suite, Apt. #, etc.

27 11390 SW 57 AVE

City & State

23 MIAMI, FLORIDA

City & State

28 MIAMI, FLORIDA

Zip

24 33173

Country

25 USA

Zip

29 33173

Country

30 USA

9. Name and Address of Current Registered Agent

CABALLERO, EMILIO C.
CAPITAL BANK BLDG - MEZZANINE
2151 LE JEUNE ROAD
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81

Name SAME

82

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

83

11390 SW 57 AVE

84

City MIAMI, FLORIDA

FL

85 Zip Code

33173

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
BRITO, YOLANDA
GENERAL PATTON #2219
SANTURCE, PR 00000

VDS ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
RIVERA, LOURDES
GENERAL PATTON #2219
SANTURCE, PR 00000

DP ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
BRITO, YOLANDA
GENERAL PATTON #2219
SANTURCE, PR 00000

ASD ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
MENENDEZ, EDNA
GENERAL PATTON #2219
SANTURCE PR 00913

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

NAME
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 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:

Yolanda Brito (YOLANDA BRITO)

4/1/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (1/98)