## 398153

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Amendment Section TO: Division of Corporations COBRI INVESTMENT, INC. SUBJECT: (Name of corporation) 398153 DOCUMENT NUMBER: The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LOURDES BRITO (Name of person) COBRI INVESTMENT, INC. (Name of firm/company) Urb. La Campiña #84 Calle 1 (Address) San Juan. Puerto Rico 00926-9637 (City/state and zip code) For further information concerning this matter, please call: LOURDES BRITO (Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

PS, 2/10/02 29(15)

CR2E045(07/02)



## FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

October 21, 2002

LOURDES BRITO COBRI INVESTMENTS, INC URB. LA CAMPINA, #84 CALLE 1 SAN JUAN, PR 00926-9637

SUBJECT: COBRI INVESTMENTS, INC

Ref. Number: 398153

We have received your document for COBRI INVESTMENTS, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith Document Specialist

Letter Number: 802A00057741

RECEIVED
02 DEC -6 AM 9: 12
DIVISION OF CORPORATIONS

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to t	the provisions of sec	ctions 607.050	)2, 617.0502, 607.15	08, or 617.1508	, Florida S	tatutes,
this statemen	t of change is submit	ted for a corpo	oration organized un	der the laws of th	he State of	
FLORIDA		_	gistered office or reg	-	-	ie State
of Florida.		·	•	,	<u>ن</u> خ	02
1. The name of	of the corporation:	COBRI IN	VESTMENT, INC.		<u></u>	<u> </u>
2. The princip	al office address:	Urb. La #84	Campiña la 1		<b>25</b>	<u> </u>
	<del></del>		, Puerto Rico	00026 0627	SH	Ø
	<del></del>			VV3Z0~903/	<del></del>	3
3. The mailing	g address (if different	t):SA	ME	<del></del>	<u></u>	<u>-</u>
<u> </u>		··				36
4. Date of inco	orporation/qualificati	on: March 2	27, 1972 Docur	nent number:	<u>39</u> 8153	3
	nd street address of to partment of State:	_		istered office on	file with the	2
	<u>Emili</u>	io C. Cabal	lero			
	11390	3 SW 57 St				
	Miami	i, FL 3317	/3	,	_	
6. The name a changed):	Barbara V. Revu	uelta		nged) and /or re	gistered off	ice (if
		P.O. Box or persona	l mailbox NOT acceptable)	·		
	Coral Gables,	FL 33134	tel.:	(305) 442-8	523	
The street addragent, as change	ress of its registered ged will be identical.	office and the	street address of the	business office	of its regis	tered
Such change y	vas authorized by reside board, or the corp	solution duly a poration has b	adopted by its board seen notified in writi	of directors or bing of the change	y an officer	' so
(Signature of an office	r, chailman or vice chairman	of the board)	Lourdes Br	ito - Vice P	resident	<b>_</b>
performance of registered agei	t the appointment as to comply with the p f my duties, and I am it. Or, if this docum I hereby confirm tha	rovisions of a familiar with ent is being fi	in statutes relative to and accept the obli led merely to reflect	o the proper and gation of my pos a change in the	i complete sition as revistered	
Darka	wy. Ruen			12-2-02		
	Signature of Registered Agent)		- · · · - · · · · · · · · · · · · · · ·	(Date)		
If signing on beha	if of an entity:					
C	Typed or Printed Name)		· - 7 1	(Capacity)		

\* \* \* FILING FEE: \$35.00 \* \* \*