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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

	MENT # F6171 IO INVESTMENT CORPOR							
Principal Plac	e of Business	Mailing Address			I INNIEDU IIIN DIKUL IIANK 1800 IIAND IKK UIDIK UIDIK UIDIK	T BERRY RITHE REPE	Ellett teat	
1 S.E. 3RD AVE. STE. #1400 Miami Fl 33131		1 S.E. 3RD AVE. STE. #1400 MIAMI FL 33131			DO NOT WRITE IN THIS	SPACE		•
					3. Date Incorporated or Qualified			
2. Principal Place of Business		2. Mailing Address	2a. Mailing Address		01/15/1982 4. FEI Number Applied For			{
21		<u></u>	26		59-2266117	<b>—</b>	t Applicable	1
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		1
22	,, · · · · · · · · · · · · · · · · · ·	27			g. Certificate of Status Desired	Fee Re	quired	1
City & State		City & State	<del></del>		6, Election Campaign Financing	\$5.00		۱
Zip	Country	28 Zin	Zip Country		Trust Fund Contribution	Added to		┨
24	25	29	30	,	8. This corporation owes or has paid the culture Personal Property Tax due June 30.		ingible No	ł
	9. Name and Address of Curre		100		10. Name and Address of New Registered		<u> </u>	1
COPROLITE CORPORATION  1 SE 3 AVE SUITE 1400 MIAMI FL 33131			8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)			
mir-	WW 4 C 00 10 1		84	4 City	FL	85 Zip C	Code	
SIGNATURE	Signature, typed or pointed name of registered ag	gent and bile if applicable. (N	OTE: Registered A		poration submits this statement for the purpose o lion's board of directors. I hereby accept the app ired when reinstating) DATE			K
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND			
TITLE NAME	SD CIOCCA, LAURA		1.1 TITLE			Change	☐ Addition	13
STREET ADDRESS	1 SE 3 AVE 1400		1.2 NAME 1.3 STREET ADDRESS					8
City-St-Zip	MIAMI FL		1.4 CITY-					<u>L</u>
TITLE	PD DELETE		2.1 T/TLE			Change	Addition	č
NAME	CIOCCA, ROMANO		2.2 NAME					
STREET ADDRESS	1 SE 3 AVE 1400		2.3 STREE	T ADDRESS .	,			
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-		·			
TITLE	VD	DELETE 3:				Change	Addition	
NAME	BLASS, STEPHEN A 1 SE 3 AVE 1400		3.2 NAME	1				1
STREET ADDRESS	MIAMI, FL 00000		· ·	T ADDRESS				
CITY-ST-ZIP TITLE	IMPANII, I E 00000	DELETE	3.4. City - 4.1 Title		· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME		-	4. 2 NAM	Į.				
STREET ADDRESS			1	T AODRESS				
CITY-ST-ZIP			4.4 CITY-					l
TITLE		DELETE	5.1 TITLE			Change	Addition	l
NAME			5.2 NAME	İ				
STREET ADDRESS	ADDRESS		5.3 STREE	T ADDRESS				
CITY-ST-ZIP	······································		5.4 CITY-	ST-ZIP				l
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS				T ADDRESS				
PITY_EY_ND			E 0.1000	1:2 7ID				

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 attach gold rith an address.

**FILED** 

May 05 1998 8:00am

Secretary of State