

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Luzanne B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

APPROVED

DOCUMENT # **H43469** (6)

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5000 ...

1. Corporate Name
CORAL LAKE, INC.

Principal Place of Business: **7204 NW 79 TERR MIAMI FL 33166**
Mailing Address: **7204 NW 79 TERR MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

3. Date by corporation created: **02/16/1985** 3a. Date of Last Report: **04/27/1994**

4. FEI Number: **59-2494786** 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 § 199 (1997), Florida Statutes: Yes No

2. Principal Place of Business - **21** 2a. Mailing Address - **26**

State Apt # etc: **22** State Apt # etc: **27**

City & State: **23** City & State: **28**

Zip: **24** Zip: **29**

9. Name and Address of Current Registered Agent

FIGUEIRA, MR. FERNANDO
7204 N. W. 79 TERRACE
MIAMI FL 33166

10. Name and Address of New Registered Agent

B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 _____
B4 City: _____ FL B5 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0507 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 this 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12'	
TITLE	DP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSINGH, POORAN	2. NAME	
STREET ADDRESS	7204 NW 79TH TERRACE	3. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	4. CITY, ST, ZIP	
TITLE	FERNANDO FIGUEIRA, PRESIDENT	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7204 N.W. 79th TERRACE	22. NAME	
STREET ADDRESS	MIAMI, FL. 33166	23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	
TITLE	VICE-PRESIDENT	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDO A. FIGUEIRA, JR.	32. NAME	
STREET ADDRESS	7204 N.W. 79th TERRACE	33. STREET ADDRESS	
CITY, ST, ZIP	MIAMI, FL. 33166	34. CITY, ST, ZIP	
TITLE	MARKETING DIRECTOR	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACINTO FIGUEIRA	42. NAME	
STREET ADDRESS	7204 N.W. 79th TERRACE	43. STREET ADDRESS	
CITY, ST, ZIP	MIAMI, FL. 33166	44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. This hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.021 and 199.022, Florida Statutes. I further certify that the information included 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 that I received or intend to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Rule 12 or Rule 13 of Chapter 607, Florida Statutes, with an address.

SIGNATURE: _____ **FERNANDO FIGUEIRA, PRES.** APRIL 26, 1995 (305) 883-2131