

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90114 004 \*\*\*150.00

02409K

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # J56002**

1. Corporation Name  
**COBAREX INTERNATIONAL, INC.**



Principal Place of Business

3900 NW 79TH AVE  
216  
MIAMI FL 33166  
US

Mailing Address

3900 NW 79TH AVE  
216  
MIAMI FL 33166  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1987

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2770168

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes.

☐ No

9. Name and Address of Current Registered Agent

BARRERA, ROBERT E.  
3900 NW 79TH AVE SUITE 216  
SUITE 400  
MIAMI FL 33166

10. Name and Address of New Registered Agent

81. Name

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

83

SUITE 216

84. City

FL

85. Zip Code

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 607.1505, Florida Statutes.

SIC NATURE

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: D BARRERA, ROBERT E.  
STREET ADDRESS: 3900 NW 79TH AVE SUITE 216  
CITY-ST-ZIP: MIAMI FL 33166

TITLE: ☐ DELETE

NAME: T BARRERA, ROBERT E.  
STREET ADDRESS: 3900 NW 79TH AVE SUITE 216  
CITY-ST-ZIP: MIAMI FL 33166

TITLE: ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

*[Signature]*

Robert E. Barrera

2-2-99

307-573-958