

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # J95769 (2)**  
 1. Corporation Name

**COCONUT GROVE LAND AND CATTLE COMPANY**



Principal Place of Business Mailing Address  
**3075 A SW 28 ST MIAMI FL 33133 US** **3075 A SW 28 ST MIAMI FL 33133 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/05/1987</b>	3a. Date of Last Report <b>08/10/1995</b>
21 Suite, Apt #, etc	26 Suite, Apt #, etc	4. FEI Number <b>65-0038397</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MYKYTKA, STANLEY THOMAS 3075 S.W. 28TH STREET COCONUT GROVE FL 33133</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	<b>FL</b>	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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Type or print name of registered agent and title of applicant) (NOTE: Registered Agent's signature required when re-appointing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MYKYTKA, STANLEY THOMAS</b>	12 NAME	
STREET ADDRESS	<b>3075 S.W. 28TH STREET</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	14 CITY - ST - ZIP	
TITLE	<b>SV</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARDONA, TERE MYKYTKA</b>	22 NAME	
STREET ADDRESS	<b>8039 LAKE DRIVE, #204</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	24 CITY - ST - ZIP	
TITLE	<b>TV</b> <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MYKYTKA, JALIDA JANEENE</b>	32 NAME	
STREET ADDRESS	<b>7160 S.W. 6TH STREET</b>	33 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	34 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARDONA, CARLOS</b>	42 NAME	
STREET ADDRESS	<b>8039 LAKE DR #204</b>	43 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	44 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANTONIO, STEPHAN</b>	52 NAME	
STREET ADDRESS	<b>2101 S.W. 24 ST</b>	53 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	54 CITY - ST - ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES, THOMAS E</b>	62 NAME	
STREET ADDRESS	<b>7700 SW 112 ST</b>	63 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sere Cardona 7/27/96 3054444653  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)