

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K79201** (5)

To: Corporation Name
COPITIER INVESTMENTS, INC.

Principal Place of Business: **% LEONARDO R. SAN JUAN
2900 S.W. 113TH AVENUE
MIAMI FL 33165**

Mailing Address: **% LEONARDO R. SAN JUAN
2900 S.W. 113TH AVENUE
MIAMI FL 33165**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/11/1989** 3a. Date of Last Report: **05/01/1994**

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

State, Apt. # or P.O. Box: **22** State, Apt. # or P.O. Box: **27**

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

Zip: **24** Zip: **25** Zip: **29** Zip: **30**

4. FIC Number: **65-0116748** Assigned 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**

7. This corporation has liability for compliance tax under s. 190.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAN JUAN, LEONARDO R.
2900 S.W. 113TH AVENUE
MIAMI FL 33165**

81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ FL 85 Zip Code: _____

11. Pursuant to the provisions of Sections 607.02(2) 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 607.02(5), Florida Statutes.

SIGNATURE

Signature of Current Registered Agent (Print Name)

Signature of New Registered Agent (Print Name)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12-1 NAME: D SAN JUAN, LEONARDO R. STREET ADDRESS: 2900 S.W. 113TH AVENUE CITY, ST. ZIP: MIAMI FL	13-1 NAME: _____ STREET ADDRESS: _____ CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-2 NAME: _____ STREET ADDRESS: _____ CITY, ST. ZIP: _____	13-2 NAME: _____ STREET ADDRESS: _____ CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-3 NAME: _____ STREET ADDRESS: _____ CITY, ST. ZIP: _____	13-3 NAME: _____ STREET ADDRESS: _____ CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-4 NAME: _____ STREET ADDRESS: _____ CITY, ST. ZIP: _____	13-4 NAME: _____ STREET ADDRESS: _____ CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-5 NAME: _____ STREET ADDRESS: _____ CITY, ST. ZIP: _____	13-5 NAME: _____ STREET ADDRESS: _____ CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-6 NAME: _____ STREET ADDRESS: _____ CITY, ST. ZIP: _____	13-6 NAME: _____ STREET ADDRESS: _____ CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-7 NAME: _____ STREET ADDRESS: _____ CITY, ST. ZIP: _____	13-7 NAME: _____ STREET ADDRESS: _____ CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-8 NAME: _____ STREET ADDRESS: _____ CITY, ST. ZIP: _____	13-8 NAME: _____ STREET ADDRESS: _____ CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13-1 NAME: _____ STREET ADDRESS: _____ CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-2 NAME: _____ STREET ADDRESS: _____ CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-3 NAME: _____ STREET ADDRESS: _____ CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-4 NAME: _____ STREET ADDRESS: _____ CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-5 NAME: _____ STREET ADDRESS: _____ CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-6 NAME: _____ STREET ADDRESS: _____ CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-7 NAME: _____ STREET ADDRESS: _____ CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-8 NAME: _____ STREET ADDRESS: _____ CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, for the matters stated in Sections 190.032 and 190.033, 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 at the time of the filing of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an office form with an address.

SIGNATURE: *Leonardo R. San Juan* **LEONARDO R. SAN JUAN** 4/28/95 (S.W.) 325 0065
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR