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Jan 16 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # K79201 (5)

1. 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 33165-2265

3. Date Incorporated or Qualified: **04/11/1989** 3a. Date of Last Report: **04/29/1996**

4. FEI Number: **65-0116748** 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 s. 199.032, Florida Statutes: Yes No

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

Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**

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

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

9. Name and Address of Current Registered Agent
SAN JUAN, LEONARDO R.
2900 S.W. 113TH AVENUE
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name: _____

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

83 _____

84 City: _____ 85 Zip Code: **FL** _____

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: **D** DELETE

NAME: **SAN JUAN, LEONARDO R.**

STREET ADDRESS: **2900 S.W. 113TH AVENUE**

CITY-ST-ZIP: **MIAMI FL**

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

11 TITLE: _____ Change Addition

12 NAME: _____

13 STREET ADDRESS: _____

14 CITY-ST-ZIP: _____

21 TITLE: _____ Change Addition

22 NAME: _____

23 STREET ADDRESS: _____

24 CITY-ST-ZIP: _____

31 TITLE: _____ Change Addition

32 NAME: _____

33 STREET ADDRESS: _____

34 CITY-ST-ZIP: _____

41 TITLE: _____ Change Addition

42 NAME: _____

43 STREET ADDRESS: _____

44 CITY-ST-ZIP: _____

51 TITLE: _____ Change Addition

52 NAME: _____

53 STREET ADDRESS: _____

54 CITY-ST-ZIP: _____

61 TITLE: _____ Change Addition

62 NAME: _____

63 STREET ADDRESS: _____

64 CITY-ST-ZIP: _____

14. I do 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.

SIGNATURE: _____ 1-10-97 (305) 325-0045
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #

CR2E034 (9/96)