F...OW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUL 10 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K86812 (0)

1. Corporation Name
COCIBOLCA TRANSFER INCORPORATED

Principal Place of Business	Mailing Address
1276 W. FLAGLER STREET MIAMI FIORIDA 33135-2420	

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/10/1989
3a. Date of Last Report: 1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 65-0125602 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MENDOZA, LEONEL 515 NW 20 AVENUE MIAMI FLA. 33125-3452	81 Name: CASTILLO, ARMANDO 82 Street Address (P.O. Box Number is Not Acceptable): 1272 WEST FLAGLER STE. No 209 83 84 City: MIAMI FL 85 Zip Code: 331 35

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: [signature] 6/30/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	11 TITLE	D/P/S/T ☐ Change ☐ Addition
NAME	GOMEZ, SILVIO BAYARDO C.	12 NAME	
STREET ADDRESS	9133 SW 8 TERRACE	13 STREET ADDRESS	9133 SW 8 TERRACE
CITY-ST-ZIP	MIAMI FLA.	14 CITY-ST-ZIP	MIAMI FLA.
TITLE	D/S/T	21 TITLE	☐ Change ☐ Addition
NAME	MENDOZA, LEONEL	22 NAME	200001536372
STREET ADDRESS	515 NW 20 AVENUE	23 STREET ADDRESS	-07/12/95--01089--024
CITY-ST-ZIP	MIAMI FLA.	24 CITY-ST-ZIP	****225.00 ****225.00
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP	T.G. 7/10/95	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)(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: SILVIO BAYARDO C. GOMEZ 5/17/95 649-8525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #