

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

FILED

Jan 30 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 # L52677

(6)

1. Corporation Name:
COCO PARIS, INC.

Principal Place of Business
3015 GRAND AVE
SUITE 179
COCONUT GROVE FL 33133

Mailing Address
105 OCEAN BLVD
GOLDEN BEACH FL 33160-2208



3. Date Incorporated or Qualified 01/31/1990
3a. Date of Last Report 04/24/1996

4. FEI Number 05-0175029 65-0495683
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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 777 N.W. 72nd Ave.

22 City & State

27 2 J2
28 MIAMI, FL

23 Zip Country

29 33126 30 DADE

9. Name and Address of Current Registered Agent

SCEMLA, CLAUDE
105 OCEAN BLVD.
GOLDEN BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 777 NW 72nd Ave
84 2 J2
85 City MIAMI FL Zip Code 33126

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCEMLA, CLAUDE	12 NAME	
STREET ADDRESS	105 OCEAN BLVD	13 STREET ADDRESS	
CITY - ST - ZIP	GOLDEN BEACH FL	14 CITY - ST - ZIP	
TITLE	P	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCEMLA, MURIEL	22 NAME	
STREET ADDRESS	105 OCEAN BLVD	23 STREET ADDRESS	
CITY - ST - ZIP	GOLDEN BEACH FL	24 CITY - ST - ZIP	
TITLE	VP	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCEMLA, SEBASTIAN	32 NAME	
STREET ADDRESS	105 OCEAN BLVD	33 STREET ADDRESS	
CITY - ST - ZIP	GOLDEN BEACH FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-97 305-265-5080
Date Daytime Phone #

CR2E034 (9/96)