

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

FILED

Jan 22 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 # L66241

(5)

1. Corporation Name
CORAL ROCK INVESTMENTS, INC.

Principal Place of Business

~~501 BRICKELL KEY DR.~~
~~SUITE 22~~
~~MIAMI FL 33131~~
~~US~~

Mailing Address

~~501 BRICKELL KEY DR.~~
~~SUITE 22~~
~~MIAMI FL 33131~~
~~US~~

2. Principal Place of Business

21 217 Lucas St.

Suite, Apt. #, etc.

22 Suite B

City & State

23 Mount Pleasant, SC

Zip

24 29464

Country

25 USA

2a. Mailing Address

26 217 Lucas St.

Suite, Apt. #, etc.

27 Suite B

City & State

28 Mount Pleasant, SC

Zip

29 29464

Country

30 USA

3. Date Incorporated or Qualified

04/18/1990

3a. Date of Last Report

01/25/1996

4. FEI Number

65-0189060

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

VALELLY, STEPHEN
CORAL ROCK INVESTMENTS
~~501 BRICKELL KEY DR., STE 202~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name
Cortes, Nicolas
82 Street Address (P.O. Box Number is Not Acceptable)
1450-S Bayshore Dr.
83
Ste. 2015
84 City
Miami, FL
85 Zip Code
33131

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

Nicolas Cortes

(Signature typed in printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

1/14/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CORTES, J. ALEJANDRO	
STREET ADDRESS	501 BRICKELL KEY DR. #202	
CITY-ST-ZIP	MIAMI FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	VALELLY, STEPHEN J.	
STREET ADDRESS	501 BRICKELL KEY DR. #202	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cortes, J. Alejandro	
1.3 STREET ADDRESS	217 Lucas St., Ste B	
1.4 CITY-ST-ZIP	Mt. Pleasant, SC 29464	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Valelly, Stephen J.	
2.3 STREET ADDRESS	217 Lucas St., Ste. B	
2.4 CITY-ST-ZIP	Mt. Pleasant, SC 29464	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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:

Alejandro Cortes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)