

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

FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L71561

(9)

1. Corporation Name
SERRECOSA INC.

Principal Place of Business

8000 NW 31ST ST
#14
MIAMI FL 33122
US

Mailing Address

8000 NW 31ST STREET
#14
MIAMI FL 33122-1050
US

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/04/1990

3a. Date of Last Report

08/07/1996

4. FEI Number

65-0196404

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

CANELON, HECTOR
1221 SW 103 CT
MIAMI FL 33174

10. Name and Address of New Registered Agent

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 607.0502 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 further ware, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME PD CANELON, HECTOR 1221 SW 103 CT MIAMI FL	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME <input type="checkbox"/> DELETE	12 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME <input type="checkbox"/> DELETE	13 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME <input type="checkbox"/> DELETE	14 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME <input type="checkbox"/> DELETE	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME <input type="checkbox"/> DELETE	22 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME <input type="checkbox"/> DELETE	23 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME <input type="checkbox"/> DELETE	24 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME <input type="checkbox"/> DELETE	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME <input type="checkbox"/> DELETE	32 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME <input type="checkbox"/> DELETE	33 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME <input type="checkbox"/> DELETE	34 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME <input type="checkbox"/> DELETE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME <input type="checkbox"/> DELETE	42 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME <input type="checkbox"/> DELETE	43 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME <input type="checkbox"/> DELETE	44 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME <input type="checkbox"/> DELETE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME <input type="checkbox"/> DELETE	52 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME <input type="checkbox"/> DELETE	53 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME <input type="checkbox"/> DELETE	54 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
21. NAME <input type="checkbox"/> DELETE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME <input type="checkbox"/> DELETE	62 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
23. NAME <input type="checkbox"/> DELETE	63 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME <input type="checkbox"/> DELETE	64 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 in 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, or both, or on an attachment with an address.

SIGNATURE:

HECTOR CANELON

3/14/97

CR2E034 (9/96)