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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

May 07, 2001 8:00 am Secretary of State 05-07-2001 90064 017 \*\*\*150.00

**FILED** 

DOCUMENT # L 82

1. Corporation Name COPACHO ENTERPRISES, INC.

Principal Place of Business
15923 King SMOOR WAY
P.O. BOX 4583
MIANI LAKES FL 33614 HIALEAH, FL

A0062534

UIAL		Zani Hai El	AH H	DO NOT WRITE IN THIS	S SPACE	
•	il LAKES, FL 3	7017 III(W)	777011	3. Date Incorporated or Qualifed		
	,		33014	6/21/90		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Ap	plied For
ī]		26		65-0206783	No	t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		E. Costifents of Status Denised	\$8.75 A	dditional
2		27		5. Certifcate of Status Desired	Fee Re	quired
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00	May Be
3		28		Trust Fund Contribution	Added to	•
Zip	Country	Zip	Country	8. This corporation owes the current year in	tangible	
ı]	25	29	0	Personal Property Tax.	☐Yes	No_
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Registered	Agent	
	1 Tu CAL	1	81 Name			
TKA	NK X. DURAM	<b>U</b>	82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	> 15115 - 1 100 K	> IL IAY	62 Street Addit	ess (F.O. Box Number is Not Acceptable)		
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MIAN	ul mires, ti	<u> </u>	84 City	FL	85 Zip C	ode
						rogistared
Pursuant office or i	to the provisions of Sections 607.0502 a registered agent, or both, in the State of	and 607.1508, Florida Statutes, Florida, Such change was auth	, the above-named corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appor	intment as reg	registered
	im familiar with, and accept the obligatio			• • • • • • • • • • • • • • • • • • • •		
IGNATURE						
	Signature, typed or printed name of registered agent a		egistered Agent signature required		UD DIRECTO	DO III 40
2	OFFICERS AND	~	13.	ADDITIONS/CHANGES TO OFFICERS AF		
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I 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, with all other like empowered.

IGNATURE:

IGNATURE AND PRESCRIPTION DAME OF BIOTRING OFFICER OR DIRECTOR PRESS.

01 (305) 5/2-3569

CK2E034 (11/98