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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # M36706 (3)**

**1. Corporation Name  
COOJO CORPORATION**

**Principal Place of Business Making Address  
C/O EUECER DIAZ JR.  
8301 S.W. 4 ST.  
MIAMI FL 33144**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 08/12/1986  
3a. Date of Last Report 04/26/1994**

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>4. FEI Number</b>		<b>Applied For</b>	
21		26		59-2713467		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		<b>6. Election Campaign Financing</b>		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		<b>Trust Fund Contribution</b>		<input type="checkbox"/>	
23		28		<b>8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

**9. Name and Address of Current Registered Agent**

**DIAZ, EUECER, JR.  
8301 S.W. 4 ST.  
MIAMI FL 33144**

**10. Name and Address of New Registered Agent**

<b>B1</b> Name	
<b>B2</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>B3</b>	
<b>B4</b> City	<b>FL</b>
<b>B5</b> 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b>	<b>PD</b>	<b>1 1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>DIAZ, EUECER, JR.</b>	<b>1 2 NAME</b>	
<b>STREET ADDRESS</b>	<b>8301 S.W. 4 ST.</b>	<b>1 3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>MIAMI FL</b>	<b>1 4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>D</b>	<b>2 1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>DIAZ, CARMEN</b>	<b>2 2 NAME</b>	
<b>STREET ADDRESS</b>	<b>8301 S.W. 4 ST.</b>	<b>2 3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>MIAMI FL</b>	<b>2 4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>3 1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>3 2 NAME</b>	
<b>STREET ADDRESS</b>		<b>3 3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>3 4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>4 1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>4 2 NAME</b>	
<b>STREET ADDRESS</b>		<b>4 3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>4 4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>5 1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>5 2 NAME</b>	
<b>STREET ADDRESS</b>		<b>5 3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>5 4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>6 1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>6 2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6 3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>6 4 CITY - ST - ZIP</b>	

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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 14 or on an attachment with my address.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR  
**EUECER DIAZ, PRESIDENT**

**0 APR 95 1-305  
553-2234**