FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000009164 (3)**

1. Corporation Name
COQUI ENTERPRISES, INC.

300001478823
-05/03/95--01048--009
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2036 LOS LOMAS DR CLEARWATER FL 34623	2036 LOS LOMAS DR CLEARWATER FL 34623

3. Date Incorporated or Qualified: 02/05/1993
3a. Date of Last Report: 06/01/1994

2. Principal Place of Business
21:
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: County 25:

2a. Mailing Address
26: Same
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: County 30:

4. FEI Number: NOT APPLICABLE ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

8. Name and Address of Current Registered Agent

MANGUAL, MONSERRATE
2036 LOS LOMAS DR
CLEARWATER FL 34623

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MANGUAL, MONSERRATE	12 NAME	
STREET ADDRESS	2036 LOS LOMAS DR	13 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34623	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	NIETO, EUGENE J	22 NAME	12231 Lacey Dr.
STREET ADDRESS	1882 PINE RIDGE WAY WEST B-1	23 STREET ADDRESS	New Port Richey, Fl. 34654
CITY-ST-ZIP	PALM HARBOR FL 34685	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☒ Change ☐ Addition
NAME	MANGUAL, MIGDALIA	32 NAME	11075 Oak Haven Dr.
STREET ADDRESS	9209 SEMINOLE BLVD APT 138	33 STREET ADDRESS	Pinellas Park, Fl. 34666
CITY-ST-ZIP	SEMINOLE FL	34 CITY-ST-ZIP	
TITLE	STD	41 TITLE	☐ Change ☒ Addition
NAME	BRAITHWAITE, BERNADINE E	42 NAME	
STREET ADDRESS	115 ANNWOOD RD	43 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	44 CITY-ST-ZIP	34685
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	5-1-95 MB
TITLE		61 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: _____ 4/27/95 (813) 442-6053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Monserrate Mangual

0359017 CP