

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**


APPROVED  
AND  
FILED

95 JUN 19 PH 2: 38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700001518017  
-06/20/95--01104--014  
\*\*\*225.00 \*\*\*225.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995			FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P93000019635 (0)</b>				
1. Corporation Name <b>COCOTOLL CORPORATION</b>				
Principal Place of Business 2960 NW 17 ST. MIAMI FL 33125		Mailing Address 2960 NW 17 ST. MIAMI FL 33125		

3. Date Incorporated or Qualified <b>03/16/1993</b>	3a. Date of Last Report <b>10/05/1994</b>
4. FEI Number <b>65-0394609</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>1036 S.W. 1 ST.</b>	2a. Mailing Address 26 Suite, Apt #, etc
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State <b>MIAMI FLORIDA</b>	28 City & State
24 Zip <b>33130</b>	25 Country <b>Us.</b>
29 Zip	30 Country

9. Name and Address of Current Registered Agent

**RIVERA, MODESTO**  
2960 NW 17 ST.  
MIAMI FL 33125

10. Name and Address of New Registered Agent

**FLORIDA ANNUAL REPORT SERVICES INC.**  
1036 S.W. 1 ST.  
MIAMI FL 33130

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *Amada Cantera Lopez* **AMADA CANTERA LOPEZ, PRES** DATE: **6/15/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>PSD</b>
NAME	<b>RIVERA, MODESTO</b>
STREET ADDRESS	<b>1790 WEST 49TH ST. #215</b>
CITY, ST, ZIP	<b>HIALEAH FL 33012</b>
TITLE	<b>VD</b>
NAME	<b>RIVERA, MIRIAM</b>
STREET ADDRESS	<b>2960 NW 17 ST.</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
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, the undersigned, 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Modesto Rivera* DATE: **6/15/95**

SIGNATURE AND TYPE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR