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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

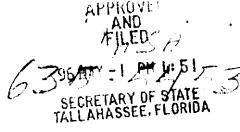
DOCUMENT #

P93000019635 (0)

COCOTOLL CORPORATION

Principal Place of Business

Mailing Address





1096 S.W. 1 ST. MIAM! FL 33130				1036 S.W. 1 ST. Miami Fl 33130								
									E Incorporated or Qualifie 03/16/1993	d 3a. Da	te of Last F 06/19/ 1	
2. Principal Place of Business			2a. Mailing Address				4. FEI	Number			Applied For	
21 2300 CORAL WAY			26 2300 CORAL WAY				İ	65-0394609			Not Applicable	
Suite, Apt. #, etc.			27	Suite Apt. #, etc				5. Cer	blicate of Status Desired			5 Additional Required
City & State 23 MIAMI	y & State IIAMI FLORIDA,			City & State 28 MIAMI FLORIDA,				1	tion Campaign Financing			00 May Be ed to Fees
Zip	Country		Zφ			Country		6. This	corporation has liability for	or intancible t		
24 33145	25	US.	29	33145	30	US.		1		es ∏No	iox circic.	, 133.662,
	9. Name and	Address of Current F	Regist	jistered Agent				10. Name and Address of New Registered Agent				
FLORIDA ANNUAL REPORT SERVICES, INC. 1036 S.W. 1 ST. MIAMI FL 33130 B4 City MIAMI The 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 agent, or the initial Statute of Section 607,0505. Florida Statutes. SIGNATURE: AMADA CANTERA LOPEZ PRES											3145	
12.	ignature, typied or produc	traincefregistered ausch and	- /-	<u>ren≰</u> ito)	(NOTE Bugger	™ i Agert sige	al kareni es . v.	Jeste Stati	-1	(:A:ŧ		
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NAME	RIVERA, MO				1	2 NAME						
STREET ADDRESS					- 1	1.3 STREET ADDRESS						
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NAME	RIVERA, MIRIAM				2	2.2 NAME		60000181336 -05/08/3601060002				366
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NAME					6	2 NAME	'	M.		•		_
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CITY-S1-ZIF						4 City ST Zip	1					-
	certify that the infe	ormation supposed with	i this f	iting is voluntarily for	mished a	nd does no	t gual fy for t	the exemi	otion stated in Section 11	9.02/3//kt Eir	vida Statut	tac I further

certify that the information indicated on this around 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR