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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 9:19

DOCUMENT # P93000048274 (3)

1. Corporation Name
KOKO & PALENKI, INC.

Principal Place of Business
3015 GRAND AVE.
SUITE 107
COCONUT GROVE FL 33133
US

Mailing Address
[illegible]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	07/02/1993
3a. Date of Last Report	05/10/1994
4. FEI Number	65-0433504 ☐ 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
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes	☐ Yes ☐ No

	2. Principal Place of Business		2a. Mailing Address
21		26	9390 S.W. 75 ST
22	Suite, Apt #, etc	27	Suite, Apt #, etc —
23	City & State	28	City & State MIAMI, FL
24	Zip	29	Zip 33173
25	Country	30	Country USA

9. Name and Address of Current Registered Agent

GARCIA, PAMELA A
[illegible]

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	[illegible], 3015 Grand Avenue
83	Suite 107
84 City	Coconut Grove FL
85 Zip Code	33133

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 ______ (Signature, typed or printed name of Registered Agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GARCIA, PAMELA A.
STREET ADDRESS	[illegible]
CITY ST ZIP	[illegible]
TITLE	V
NAME	GARCIA, JUSTIN J.
STREET ADDRESS	[illegible]
CITY ST ZIP	[illegible]
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	[X] Change ☐ Addition	[illegible], 3015 Grand Avenue, Suite 107, Coconut Grove, FL 33133
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	[X] Change ☐ Addition	[illegible] 3015 Grand Avenue, Suite 107, Coconut Grove, FL 33133
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition	
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition	
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition	
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition	

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: X Pamela A. Garcia PRESIDENT.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

0137226 CP