

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000053531 (8)

1. Corporation Name

COTI-COMPRAS, CORP.



Principal Place of Business

1029 MILAN AVE
CORAL GABLES FL 33134

Mailing Address

1029 MILAN AVE
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

07/30/1993

3a. Date of Last Report

02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 1081 MILAN AVE

26 P.O. Box 144134

4. FEI Number

65-0431620

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 CORAL GABLES, FL

28 CORAL GABLES, FL

Zip

Country

24 33134

25 USA

29 33134-4134

Country
USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEGEBRE, FRED A
1029 MILAN AVE
CORAL GABLES FL 33134

81 Name SEGEBRE, FRED A.

82 Street Address (P.O. Box Number is Not Acceptable)

1081 Milan Ave

83

84 City Coral Gables,

FL

85 Zip Code
33134

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
DPST
SEGEBRE, FRED A
1029 MILAN AVE
CORAL GABLES FL 33134

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
DPST
SEGEBRE, FRED A.
Address

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.3 STREET ADDRESS
1081 Milan Ave
Coral Gables, FL 33134

2.1 TITLE ☐ DELETE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

3.1 TITLE ☐ DELETE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

4.1 TITLE ☐ DELETE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

5.1 TITLE ☐ DELETE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

6.1 TITLE ☐ DELETE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE ☐ 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 25/96

305-461-1223

Date

Daytime Phone #

CR2E034 (12/95)