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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000074356

1. Corporation Name

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90262 007 ***150.00

)	COTIVIENTO, INC.								
Principal Place	e of Business	Mailing Address			((# 1 0100 1111 10 11) 10 11)		:: UIUUE IIIS:	BILLE BILL PRI
1317 MADISON	,	1317 MADISON ST							
	L 33019-1819	HOLLYWOOD FL 33019-1819	9	•				- 4 0 5	
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					3. Date Incorpor				l
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⊢ '	lace of Business	2a. Mailing Address			65-044833	7			ot Applicable
21	# 440	Suite, Apt. #, etc.			007044000	· · · · · · · · · · · · · · · · · · ·			Additional
Suite, Apt.	#, ac.	27			5. Certifcate of S	tatus Desired	\supset	•	equired
City & Stat	to	City & State			6. Election Cam	naign Financing		\$5.00	May Be
23		28			Trust Fund Co		□ _. .		to Fees
Zip	Country	Zip	Coul	ntry		on owes the current	t vear Intan	aible	
24	25	——— ·	30	•	Personal Prop			Yes	₽No
	9. Name and Address of Current					dress of New Reg	istered A	gent	
				81 Name					
	ARDO, JOHANNE M			82 Street A	Address (P.O. Box Numb	er is Not Acceptable	9)	_	
	7 MADISON ST			UZ OUBBLA	UIIDPI AUG. U. I) EGGIUDI	oo reor noceptable	-,		
HOL	LYWOOD FL 33019-1819			83					
			ļ	04 65				08 7ic	Code
1				84 City			FL	85 Zip	
agent, I a	registered agent, or both, in the State of manifer with, and accept the obligation	tions of Section 607.0505. Flor	ida Stati	itos					
SIGNATURE	Signature, typed or printed name of registered agen				quired when reinstating)		DATE	_	
_	Signature, typed or printed name of registered agen					HANGES TO OFFIC	CERS AND		
SIGNATURE		it and title if applicable. (NOTE:	Registered	Agent signature re		HANGES TO OFFIC	CERS AND	DIRECTO	DRS IN 12
SIGNATURE	OFFICERS AN	it and title if applicable. (NOTE: D DIRECTORS	Registered	Agent signature re		HANGES TO OFFIC	CERS AND		
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14. I hereby certify that the information supplied with this filing 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 charged or on an attachment with an address, with all other like empowered.

SIGNATURE: