

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
MAYRA B. MARTINEZ  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY - 1 11 0:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000000103 (9)**

1. Corporation Name  
**COPRU, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**7763 S.W. 32ND ST. MIAMI FL 33155**

3. Date incorporated or qualified **01/03/1994** 3a. Date of Last Report

2. Principal Place of Business Mailing Address  
**1102 W. Flagler St. 1102 W. Flagler St.**

4. FEI Number **65-0460963** Applied For  
Not Applicable

21. State, Apt # etc. 26. State, Apt # etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22. City & State **MIAMI, FL.** 27. City & State **MIAMI, FL.**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23. Zip **33130** Country **USA** 28. Zip **33130** Country **USA.**

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes  Yes  No

24. 25. 29. 30.

9. Name and Address of Current Registered Agent  
**COTO, MAYRA  
7763 S.W. 32ND ST.  
MIAMI FL 33155**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS

OFFICER	<b>P</b>
NAME	<b>COTO, MAYRA</b>
STREET ADDRESS	<b>7763 S.W. 32ND ST.</b>
CITY & STATE	<b>MIAMI FL 33155</b>
OFFICER	<b>V</b>
NAME	<b>PRUNA, EDDIE</b>
STREET ADDRESS	<b>11815 S.W. 3RD ST.</b>
CITY & STATE	<b>MIAMI F; 33184</b>
OFFICER	<b>S</b>
NAME	<b>PRUNA, ILEANA</b>
STREET ADDRESS	<b>11815 S.W. 3RD ST.</b>
CITY & STATE	<b>MIAMI F; 33184</b>
OFFICER	<b>T</b>
NAME	<b>COTO, MAYRA</b>
STREET ADDRESS	<b>7763 S.W. 32ND ST.</b>
CITY & STATE	<b>MIAMI F; 33155</b>

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS BY:	
14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. STREET ADDRESS	
16. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME	
18. STREET ADDRESS	
19. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. NAME	
24. STREET ADDRESS	
25. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME	
27. STREET ADDRESS	
28. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and clear, and qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information is accurate as the 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 for of the corporation or the receiver or trustee responsible to execute the report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an amendment with an addition.

SIGNATURE: **MAYRA COTO - MAYRA COTO** 4/19/95 (305) 545-5621  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR