

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Mar 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000000103 (9)

1. Corporation Name
. COPRU, INC.



Principal Place of Business
**1102 W. FLAGLER ST.
MIAMI FL 33130
US**

Mailing Address
**1102 W. FLAGLER ST.
MIAMI FL 33130-1034
US**

3. Date Incorporated or Qualified 01/03/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0460963	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

~~OTTO, MAYRA
7763 S.W. 32ND ST.
MIAMI FL 33155~~

10. Name and Address of New Registered Agent

81. Name **EDUARDO PRUNA**

82. Street Address (P.O. Box Number is Not Acceptable)
11815 SW 3 ST

83. City **MIAMI** FL 85. Zip Code **33184**

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: DATE: **2/8/97**

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	COTO, MAYRA	
STREET ADDRESS	7763 S.W. 32ND ST.	
CITY - ST - ZIP	MIAMI FL 33155	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PRUNA, EDDIE	
STREET ADDRESS	11815 S.W. 3RD ST.	
CITY - ST - ZIP	MIAMI F; 33184	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PRUNA, ILEANA	
STREET ADDRESS	11815 S.W. 3RD ST.	
CITY - ST - ZIP	MIAMI F; 33184	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	COTO, MAYRA	
STREET ADDRESS	7763 S.W. 32ND ST.	
CITY - ST - ZIP	MIAMI F; 33155	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	JORGE L. VERA	
13 STREET ADDRESS	4551 SW 135 AVE	
14 CITY - ST - ZIP	MIAMI FL 33175	
21 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	PRUNA, EDUARDO	
23 STREET ADDRESS	11815 SW 3 ST	
24 CITY - ST - ZIP	MIAMI FL 33184	
31 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	FRUNA, EDUARDO	
33 STREET ADDRESS	11815 SW 3 ST	
34 CITY - ST - ZIP	MIAMI, FL 33184	
41 TITLE	TREASURE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	VERA, JORGE L	
43 STREET ADDRESS	4551 SW 135 AVE	
44 CITY - ST - ZIP	MIAMI FL 33175	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: DATE: **2/8/97** 305-545-5621

CR2E034 (9/96)