

PROFIT CORPORATION ANNUAL REPORT



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

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90042 030 \*\*\*150.00

DOCUMENT # P94000015047

1. Corporation Name  
 COCO FARMS INC ✓

Principal Place of Business: 12040 SW 173 ST MIAMI, FL 33177  
 Mailing Address: 85 GRAND CANAL DR. #305 MIAMI, FL 33144

3. Date Incorporated or Qualified: 2-24-1994  
 3a. Date of Last Report

2. Principal Place of Business	25. Mailing Address	4. FEI Number	Applied For
21. Suite, Apt. #, etc	26. 85 GRAND CANAL DR.	65-0478591	Not Applicable
22. City & State	27. 305	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Zip	28. MIAMI, FL 33144	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Country	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JUAN RODRIGUEZ 12040 SW 173 ST MIAMI, FL 33177	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: *Juan Rodriguez* DATE: 4-5-1999  
(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D JUAN RODRIGUEZ <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUAN RODRIGUEZ	12 NAME	
STREET ADDRESS	12040 SW 173 ST	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33177	14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Juan Rodriguez* DATE: 4-5-1999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR