SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 AM 8:26

DOCUMENT # **P94000052287 (7)**

1. Corporation Name

COPIHUE CORPORATION

Principal Place of Business	Mailing Address
270 NW 107TH AVE APT 101 MIAMI FL 33172	270 NW 107TH AVE APT 101 MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/11/1994
3a. Date of Last Report:

2. Principal Place of Business 21 9341 SW 54ST	2a. Mailing Address 26 9341 SW 54ST	4. FEI Number: 65-0509986 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL	6. Certified Copies Desired ☐ **$5.00** May Be Added to Fees
Zip / County 24 33165 / 25 DADE	Zip / County 29 33165 / 30 DADE	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CONDIS, HECTOR 270 NW 107TH AVE APT 101 MIAMI FL 33172	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 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 _____ DATE
(If changing registered agent, type or print name of registered agent and title if applicable) (If changing Registered Agent, signature required when mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS		
TITLE	D	11 TITLE	P/D	☒ Change ☐ Addition
NAME	CONDIS, HECTOR	12 NAME	HECTOR CONDIS	
STREET ADDRESS	270 NW 107TH AVE APT 101	13 STREET ADDRESS	270 NW 107 AVE #101	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	MIAMI, FL 33172	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	BARRAZA, CARLOS	22 NAME		
STREET ADDRESS	2034 SW 3RD AVE APT 8W	23 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, JAIME	32 NAME		
STREET ADDRESS	37 INDIAN CREEK ISLAND	33 STREET ADDRESS		
CITY ST ZIP	MIAMI BEACH FL	34 CITY ST ZIP		
TITLE	D	41 TITLE	D/V	☒ Change ☐ Addition
NAME	OLIVA, EUGENIO	42 NAME	ADRIANO CONDIS	
STREET ADDRESS	8400 SW 133RD AVE RD APT 322	43 STREET ADDRESS	270 NW 107 AVE APT#101	
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	MIAMI, FL 33172	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	SILVA, MAURICIO I	52 NAME		
STREET ADDRESS	9431 SW 54TH ST	53 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	54 CITY ST ZIP		
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	BRIONES, JOSE	62 NAME	GEORGINA SILVA	
STREET ADDRESS	9431 SW 54TH ST	63 STREET ADDRESS	9431 SW 54ST	
CITY ST ZIP	MIAMI FL	64 CITY ST ZIP	MIAMI, FL 33165	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is veluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: HECTOR CONDIS 7/20/95 (305)559-7157
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0060368 CP