

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000052287 (7)

1. Corporation Name

COPIHUE CORPORATION



Principal Place of Business

Mailing Address

17332 SW 140 CT
MIAMI FL 33177
US

17332 SW 140 CT
MIAMI FL 33177
US

3. Date Incorporated or Qualified
07/11/1994

3a. Date of Last Report
07/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0509986

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

Signature of Registered Agent (if not the corporation's board of directors)

(NOTE: Registered Agent signature required when re-appointing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CONDIS, HECTOR
STREET ADDRESS 270 NW 107TH AVE 101
CITY-ST-ZIP MIAMI FL

TITLE D
NAME BARRAZA, CARLOS
STREET ADDRESS 2034 SW 3RD AVE APT 8W
CITY-ST-ZIP MIAMI FL

TITLE D
NAME GONZALEZ, JAIME
STREET ADDRESS 37 INDIAN CREEK ISLAND
CITY-ST-ZIP MIAMI BEACH FL

TITLE DV
NAME CONDIS, ADRIANO
STREET ADDRESS 270 NW 107TH AVE APT 101
CITY-ST-ZIP MIAMI FL

TITLE D
NAME SILVA, MAURICIO I
STREET ADDRESS 9431 SW 54TH ST
CITY-ST-ZIP MIAMI FL

TITLE D
NAME SILVA, GEORGINA
STREET ADDRESS 9431 SW 54TH ST
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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***238.75

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)