

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000030073 (7)**

1. Corporation Name

COVERPOL, INC.



Principal Place of Business

**601 BRICKELL KEY DRIVE
SUITE 805
MIAMI FL 33131**

Mailing Address

**601 BRICKELL KEY DRIVE
SUITE 805
MIAMI FL 33131**

3. Date Incorporated or Qualified

04/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **8410 N.W. 93rd STREET**

26 **8410 N.W. 93rd STREET**

4. FEI Number

74-2564162

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

23 City & State

27 City & State

MEDLEY, FLORIDA

MEDLEY, FLORIDA

6. Election Campaign Financing

Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

24 Zip Country

29 Zip Country

33166

33166

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes



Yes

No

9. Name and Address of Current Registered Agent

**ALLEN & GALEGO
601 BRICKELL KEY DRIVE
SUITE 805
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

PATRICK WALKER

82 Street Address (P.O. Box Number is Not Acceptable)

8410 N.W. 93rd STREET

83

84 City

MEDLEY

FL

85 Zip Code

33166

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

PATRICK WALKER V/PRESIDENT

4-18-96

Signature typed or printed name of Registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ DELETE
NAME **ALFREDO SCHIAVO**
STREET ADDRESS **5225 COLLINS AVE. APT# 718**
CITY- ST- ZIP **MIAMI BEACH, FL. 33140**

TITLE **VICE-PRESIDENT** ☐ DELETE
NAME **PATRICK WALKER**
STREET ADDRESS **11345 S.W. 133 CT. #4**
CITY- ST- ZIP **MIAMI, FL. 33186**

TITLE **SECRETARY** ☐ DELETE
NAME **PATRICK WALKER**
STREET ADDRESS **11345 S.W. 133 CT. #4**
CITY- ST- ZIP **MIAMI, FL. 33186**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

PATRICK WALKER

04/18/96

(305)888-9277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)