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 # P95000041794 (5)

1. Corporation Name
COTRINA, INC.

Principal Place of Business
801 SO. POINCIANA BLVD. STE 201
MIAMI SPRINGS FL 33166

Mailing Address
801 SO. POINCIANA BLVD. STE 201
MIAMI SPRINGS FL 33166

3. Date Incorporated or Qualified 05/26/1995

3a. Date of Last Report

2. Principal Place of Business
21 4720 N W 1 st
Suite, Apt. #, etc
22 2do Flor Miami
City & State
23 Florida
Zip 24 33126 Country 25 USA

2a. Mailing Address
26 4720 N.W. 1ST
Suite, Apt. #, etc.
27 2do Floor Miami
City & State
28 Florida
Zip 29 33126 Country 30 USA

4. FEI Number 65-0591027 ☐ 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

HERSHKOVITCH, ELIZABETH Z
5800 PINE TREE DRIVE
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent
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 ______

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	COTRINA, NOEMI	
STREET ADDRESS	801 SO. POINCIANA BLVD. STE 201	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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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	NOEMI COTRINA	
1 3 STREET ADDRESS	4720 NW 1st 2do Floor	
1 4 CITY-ST-ZIP	Miami FL 33126	
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	800001841829	
5 3 STREET ADDRESS	-05/29/96--01017--037	
5 4 CITY-ST-ZIP	***200.00	
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS	5-1-96	
6 4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Noemi Cotrina President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NOEMI COTRINA

4/12/96 Date (305)4613095 Daytime Phone #