

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000046509 (2)

1. Corporation Name

COCO GELATO ON THE BAY, CORP.

Principal Place of Business

3245 VIRGINIA ST.
SUITE NO. 2
MIAMI FL 33133

Mailing Address

3245 VIRGINIA ST.
SUITE NO. 2
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1995

3a. Date of Last Report

04/29/1996

4. FEI Number

65-0583103

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 15165 NW 77 AVE

Suite, Apt. #, etc.

22 SUITE # 2003

City & State

23 MIAMI, FL

Zip

24 33014

Country

2a. Mailing Address

26 15165 NW 77 AVE

Suite, Apt. #, etc.

27 SUITE # 2003

City & State

28 MIAMI, FL

Zip

29 33014

Country

9. Name and Address of Current Registered Agent

ROSARIO, HERMINIA
3245 VIRGINIA ST.
SUITE NO. 2
MIAMI FL 33133

81 Name

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

15165 NW 77 AVE

83

SUITE # 2003

84 City

MIAMI

FL

85 Zip Code

33014

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PORTUONDO, ALONSO
STREET ADDRESS 130 CAPE FLORIDA DR.
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE V ☐ DELETE

NAME SIDELNIK, GUSTAVO
STREET ADDRESS 3245 VIRGINIA ST SUITE 2
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 D ☐ Change ☐ Addition

1.2 NAME PORTUONDO, ALONSO
1.3 STREET ADDRESS 15165 NW 77 AVE # 2003
1.4 CITY-ST-ZIP MIAMI, FL 33014

2.1 TITLE V ☐ Change ☐ Addition

2.2 NAME SIDELNIK, GUSTAVO
2.3 STREET ADDRESS 15165 NW 77 AVE # 2003
2.4 CITY-ST-ZIP MIAMI FL 33014

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 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 if changed or on an attachment with an address.

CR2E034 (4/97)