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

APPROVED AND FILED
96 DEC -6 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000061559 (7)

1. Corporation Name
COPA MASSAGE, INC.
1996 REINSTATEMENT

Principal Place of Business	Mailing Address
1000 S. FEDERAL HIGHWAY SUITE 202 FT. LAUDERDALE FL 33316	1000 S. FEDERAL HIGHWAY SUITE 202 FT. LAUDERDALE FL 33316

3. Date Incorporated or Qualified: 08/09/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 17070 Collins Ave
22: Suite 266A Miami Beach, FL
23: 33160 Dade
24: Zip
25: Country

2a. Mailing Address
26: 17070 Collins Ave
27: Suite 266A Miami Beach, FL
28: 33160 Dade
29: Zip
30: Country

4. FEI Number: 65-06-22-059 ☐ 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

ARAIN, TARIO A
1957 MONROE STREET
#1
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name: Sonia Calle
82 Street Address (P.O. Box Number is Not Acceptable): 17070 Collins Ave
83: Suite 266A
84 City: Miami Beach FL 85 Zip Code: 33160

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: Sonia Calle — 09/13/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARAIN, TARIO A 1957 MONROE STREET, #1 HOLLYWOOD FL 33020	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	M/P/D Calle, Sonia 17070 Collins Ave, Suite 266A Miami Beach, FL 33160 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JEKABSONE, INGA 1957 MONROE STREET, #1 HOLLYWOOD FL 33020	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V/T JEKABSONE, INGA 17070 Collins Ave, Suite 266A Miami Beach, FL 33160 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDSTEIN, MARK B 1000 S. FEDERAL HWY SUITE 202 FT. LAUDERDALE FL 33316	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition 700002025417--6 -12/11/96--01011--001 ****375.00 ****375.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 1996
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 700002025417--6 -12/11/96--01011--002 ******8.75 ******8.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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)(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.

SIGNATURE: Sonia Calle / Sonia Calle / 09/13/96 (954)921-4047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #
(305)956-79-49

0230151 CP