FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000082820 (8)

AEP COCONUT, INC.

FILED Apr 28 1998 8:00am' Secretary of State



Principal Place	of Business	Mailing	Address			•	i induitabi tira ti	i nobygobi tra sarat Billi notti maiti dalih talih talih 1915 iliki dalih sodi				
19495 BISCAY	NE BLVD., STE. 600	19495	19495 BISCAYNE BLVD., STE. 600									
AVENTURA FL 33180		AVENT	AVENTURA FL 33180					DO NOT WRITE IN THIS SPACE				
							3. Date Incorpor			7.02		
							10/27/199					
2. Principal Pl	ace of Business	2a. Ma	iling Address				4. FEI Number	<i>y</i>	•••	An	plied For	
21		26					65-06173	AR.			t Applicable	
Suite, Apt.	#, etc.	Suil	Suite, Apt. #, etc.					•		\$8.75		
22		27					5. Certificate of t	Status Desireo		Fee Re	quired	
City & State	•	City	City & State				6. Election Camp	aign Financing		\$5.00	May Be	
23		28		· · · · · · · · · · · · · · · · · · ·			Trust Fund Co	ntribution		Added 1	to Fees	
Zip	Country	Zip			untry		8. This corporati		_			
24	[25]	29	<u> </u>	30			Personal Prop	erty Tax due June			No	
	9. Name and Address of Currer		81	Name	10. Name and Ad	dress of New Ki	egistered A	gent				
	ievsky, Henry				١,,	Name						
	95 BISCAYNE BLVD					Street A	ddress (P.O. Box Numb	er is Not Accepta	ble)			
	TE 600				83							
AVE	NTURA FL 33180				63							
					84	City				85 Zip (Code	
44 6	107 07 07 07 07 07 07 07 07 07 07 07 07 0	0	FOO FILE OLD						<u>FL</u>			
Office or re	o the provisions of Sections 607 050 egistered agent, or both, in the State	of Florida, S	luch change was :	authoriza	ed by	the carp	oration's board of directo	statement for the irs. I hereby acce	purpose or of the appo	changing it sintment as	s registerea registered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
SIGNATURE Signature, typed or printed hanks of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE												
12.	OFFICERS AN			13		ini signatore i		IANGES TO OFFI		DIRECTOR	S IN 12	
TITLE	D		DELETE		TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		02.107.10	Change	Addition	
NAME	BATIEVSKY, BERNARDO			1.2	NAME	1						
STREET ADDRESS	19495 BISCAYNE BLVD., STE	. 600	1.3 \$7			ADDRESS						
CITY-ST-ZIP	AVENTURA FL 33180			1.4	CITY-S	T-ZIP						
TITLE	Ō		DELETE	_	TITLE		***************************************			Change	Addition	
NAME	B ATIEVSKY, HENRY			2.2	NAME							
STREET ADDRESS	19495 BISCAYNE BLVD., STE	. 600		2.3	STREET	ADDRESS						
CITY-ST-ZIP	AVENTURA FL 33180			2. 4	CITY-S	ST-ZIP						
TITLE			DFLETE	3.11	TITLE					Change	Addition	
NAME				3.2	NAME	-						
STREET ADDRESS				3.3	STREET	ADDRESS						
CITY-ST-ZIP				3.4.	CITY-S	ST-ZIP						
TITLE			DELETE .	4.1 1	TITLE					Change	Addition	
NAME				4.2	NAME	l						
STREET ADDRESS				4.3	STACET	ADDRESS						
CITY-ST-ZIP		<u> </u>		4.4 (CITY-S	T-ZIP						
TITLE			DELETE	5.11	TITLE					Change	Addition	
NAME				5.21	NAME							
STREET ADDRESS				5.3 \$	STREET	ADDRESS						
CITY-ST-ZIP					CITY-S	T-ŽIP						
TITLE			DELET E	6.1	TITLE					Change	Addition	
NAME				6.21	NAME							
STREET ADDRESS				6.3 9	STREET	ADDRESS						
CITY-ST-ZIP				6.4 (CITY-S	T-ZIP						

4. I 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.

(1-22-91 and 223-9-10