1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90200 003 \*\*\*150.00

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DOCUMENT #	P95000082820
1. Corporation Name	. 0000000000000000000000000000000000000

AEP COCONUT, INC.

Principal Place of Business

19495 BISCAYNE BLVD., STE. 600

Mailing Address

19495 BISCAYNE BLVD., STE. 600

**AVENTURA FL 33180 AVENTURA FL 33180** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/27/1995 4. FEI Number Applied For Principal Place of Business 2a. Mailing Address Not Applicable 65-0617388 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Country This corporation owes the current year Intangible Zip Country □ No 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BATIEVSKY, HENRY Street Address (P.O. Box Number is Not Acceptable) 82 19495 BISCAYNE BLVD SUITE 600 83 **AVENTURA FL 33180** 84 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition □ DELETE 1.1 TITLE TITLE BATIEVSKY, BERNARDO 1.2 NAME NAME 19495 BISCAYNE BLVD., STE. 600 1.3 STREET ADDRESS STREET ADDRESS AVENTURA FL 33180 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE TITLE 2.1 TITLE 2.2 NAME NAME . BATIEVSKY, HENRY 19495 BISCAYNE BLVD., STE. 600 2.3 STREET ADDRESS STREET ADDRESS AVENTURA FL 33180 CITY-ST-ZIP 2 4 CITY-ST-ZIP [] Change ☐ Addition □ DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF 6.1 TITLE Change M Addition DELETE TITLE

CITY-ST-ZIP 14. 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 address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)