

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

FILED

Mar 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000085840 (3)**

1. Corporation Name  
**COCOBOUQUET CORP.**



Principal Place of Business <b>825 WEST 34 STREET HIALEAH FL 33012</b>	Mailing Address <b>825 WEST 34 STREET HIALEAH FL 33012-5159</b>
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2. Principal Place of Business 21 <b>8305 NW 161 Terr.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>8305 NW 161 Terr.</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>11/08/1995</b>	3a. Date of Last Report <b>04/19/1996</b>
22 City & State 23 <b>Miami, Fl.</b>		27 City & State 28 <b>Miami, Fl.</b>		4. FEI Number <b>65-0618979</b>	Applied For Not Applicable
24 Zip <b>33016</b>	25 Country <b>Dade</b>	29 Zip <b>33016</b>	30 Country <b>Dade</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GOMEZ, GLADYS 825 WEST 34 STREET HIALEAH FL 33012</b>				10. Name and Address of New Registered Agent			
				81 Name <b>Same</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>8305 NW 161 Terr</b>			
				83			
				84 City <b>Miami, Fl.</b>	85 Zip Code <b>FL 33016</b>		

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 **Gladys Gomez President**

DATE **3-14-97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <b>PTSD</b>	NAME <b>GOMEZ, GLADYS</b>			1.1 TITLE			
STREET ADDRESS <b>825 WEST 34 STREET</b>				1.2 NAME			
CITY-ST-ZIP <b>HIALEAH FL 33012</b>				1.3 STREET ADDRESS <b>8305 NW 161 Terr</b>			
				1.4 CITY-ST-ZIP <b>Miami, Fl. 33016</b>			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME			2.1 TITLE			
STREET ADDRESS				2.2 NAME			
CITY-ST-ZIP				2.3 STREET ADDRESS			
				2.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME			3.1 TITLE			
STREET ADDRESS				3.2 NAME			
CITY-ST-ZIP				3.3 STREET ADDRESS			
				3.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME			4.1 TITLE			
STREET ADDRESS				4.2 NAME			
CITY-ST-ZIP				4.3 STREET ADDRESS			
				4.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME			5.1 TITLE			
STREET ADDRESS				5.2 NAME			
CITY-ST-ZIP				5.3 STREET ADDRESS			
				5.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME			6.1 TITLE			
STREET ADDRESS				6.2 NAME			
CITY-ST-ZIP				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.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gladys Gomez*

3-14-97

305-364-3208

Date

Daytime Phone #

CR2E034 (9/96)