. 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 #

P96000023259 (0)

COVENCO CORP.

FILED Mar 25 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		TO THE STATE OF TH	41884 (1118 1168) Bills (81) 189)
8001 N.W. 36TH STREET 8001 N.W. 36TH STREET					
SUITE 104 MAMI FL 33193		SUITE 104 Miami Fl 33193		DO NOT WRITE IN THIS SPACE	
1	-	milita i E 90190		3. Date Incorporated or Qualified	·]
				03/14/1996	
	lace of Business	2a. Mailing Address	- AN A	4. FEI Number	Applied For
21 130	25 5~ 132 [™] Ave		2nd AV6	65-0651397	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat		City & State	~	6. Election Campaign Financing	\$5.00 May Be
	AMI +L	20 7 7 7 7 1 1 1	Country _	Trust Fund Contribution	Added to Fees
24 Zip 33 S	Country S	29 33186 3	in as	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible
24 00 1	9, Name and Address of Current			10. Name and Address of New Registers	
POSCAN JOSE M 81 Name/)					
8001 N.W. 36TH STREET			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
SUITE 104			13029		
	MI FL 33166		83		
-/			B4 City		85 Zip Code /
			+ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$	am I F	'L <i> 3</i> 3 18 6
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 of pur					
office or registered egent, 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 appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with a fact that 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 a fact that 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 a fact that 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 a fact that 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 a fact that the state of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent.					
SIGNATURE Signature, Type or profit great and too if applicable (NOTE: Registered Agent signature required when reinstalling) DATE					
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	☐ DELETÉ	1.1 TITLE		Change Addition
NAME	BOSCAN, JOSE M		1.2 NAME		
STREET ADDRESS	15316 S.W. 111TH STREET		1.3 STREET ADDRESS		ļ
CITY-ST-ZIP	MIAMI FL 33196	DELETE	1.4 CITY-ST-ZIP		Change T Addition
TITLE		☐ neres€	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME		- vereit	3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETÉ	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CATY - ST - ZIP		
THLE		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 for its attachment with an address.