FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90024 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000023259

1. Corporation Name

COVENCO CORP.

Principal Place of Business Mailing Address												
13025 SW 132ND AVE 13025 SW 132ND AVE												
MIAMI FL 33186					MIAMI FL 33186					DO NOT WRITE IN THIS SPACE		
US				Ų	US					3. Date Incorporated or Qualifed		
										03/14/1996		
				1	14-95					4. FEI Number Applied For		
2. Principal Place of Business					2a. Mailing Address							
21					26 Sollar Act # etc					65-0651397 Not Applicable \$8.75 Additional		
Suite, Apt. #, etc.					Suite, Apt. #, etc.					5. Certificate of Status Desired Fee Required		
22					27							
City & State					City & State					6. Election Campaign Financing \$5.00 May Be		
23				28	28					Troot I did Salahan		
Zip	Country			<u> </u>	Zip Country			untry		8. This corporation owes the current year Intendible		
24		25 29 30			Tersonal Topolity Tax:							
	9, Name	and Ac	Idress of Curre	nt Regi	istered A	gent		81	Nama	10. Name and Address of New Registered Agent		
POC	CAN IDE	: м						01	Name	me		
BOSCAN, JOSE M							82 Street Add			eet Address (P.O. Box Number is Not Acceptable)		
13025 SW 132ND AVE												
MIAN	/II FL 3318	ь						83				
								84	City	v 85 Zip Code		
									•	' FL		
11. Pursuant	to the provis	ions of	Sections 607.05	02 and	607.1508	, Florida Statu	tes, the	above	-named	ned corporation submits this statement for the purpose of changing its registered		
11. Pursuant to the provisions of sections out 007.002 and 007.1000, Florida Statutes, tile above hander of office or registered agent, or both, in the State of Florida. Such change was authorized by the corpora agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.									corporation's board of directors. Thereby accept the appointment as registered			
										03-02-89		
SIGNATURE Signature, typed or printed rame of regulated gent algorithm if applicable (NOTE: Registered								ed Agen	t signature	sture required when reinstating) DATE		
12.	/		OFFICERS A	×		•	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD					☐ DELETE	1,1	TITLE		Change Addition		
NAME	BOSCAN	. JOSE	M				1.2	NAME		BOSCAN JOSE M		
STREET ADDRESS	15316 S.W. 111TH STREET				13.5			STREET	ADDRESS	15742 SW 102 NA LANE		
	MIAMI FL 33196							CITY-ST		MIAMI, FL 33196		
CITY-ST-ZIP TITLE	ININCHAIL E	00100	<u> </u>			DELETE	_	TITLE		☐ Change ☐ Addition		
								NAME				
NAME												
STREET ADDRESS									ADDRESS			
CITY-ST-ZIP						□ 0C ETE		CITY-S	T-ZIP	Change Addition		
TITLE						☐ DELETE	. I	TITLE				
NAME								NAME				
STREET ADDRESS							33	STREET	ADDRESS	RESS		
CITY-ST-ZIP							_	CITY-S	T-ZIP	Change C Addition		
TITLE						☐ DELETE	4.1	TITLE		Change Addition		
NAME							4. 2	NAME				
STREET ADDRESS							4.3	STREET	ADDRESS	RESS		
CITY-ST-ZIP							4.4	CITY-SI	-ZIP			
TITLE						☐ DELETE		TITLE		☐ Change ☐ Addition		
NAME							5.2	NAME				
STREET ADDRESS							5.3	STREET	ADDRESS	RESS		
CITY-ST-ZIP							5.4	CITY-S1	r-ZIP			
TITLE						☐ DELETE	6.1	TITLE		☐ Change ☐ Addition		
NAME							6.2	NAME				
STREET ADDRESS									ADDRESS	RESS		
O I LEE I MOUNCOO!							-			ı l		

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 807. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #