PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000024021 (3)

COYABA CORPORATION

I am an officer or director of the corporation or appears in Block 12 or Block 13 if changes, or

| Principal Place of Business | | | | Mailing Address | | | | | [(#12) | | ALBIN DANIO AIRA | |
|--|---------------------------------------|---|--|--|--------------------------|---------------|--------------|----------------------------------|---|--------------------------|-----------------------------|----------------------------|
| 169 EAST FLAGLER ST. BUITE 1527 MIAMI FL 33191 | | | SUITE | 169 EAST FLAGLER ST. SUITE 1527 MIAMI FL 33131-1207 | | | | | | | | |
| | • | | Mark steel | 72 00101 7207 | | | | | 3. Date Incorporated or Qualified 03/18/1996 | 3a. Da | ate of Last R | leport |
| 2. Principal P | lace of Busin | <u></u> ⊢¬ | 2a. Mailing Address 26 | | | | | 4. FEI Number 65–0650804 | | | oplied For of Applicable | |
| Suite, Apt. | #, etc | S | Suite, Apl. #, etc. | | | | | 5. Certificate of Status Desired | | * | Additional equired | |
| City & State | е | | C | City & State | | | | | Election Campaign Financing Trust Fund Contribution | | | May Be to Fees |
| Zip 24 | Country 25 | | | Zip Co. 30 | | Country | | | 8. This corporation has liability for | intangible | | |
| 24 | | and Address of Cur | | ed Agent | [30] | Γ | | 1 | 0. Name and Address of New Re | | | |
| CAN | | | one riogists. | ou rigoti | | B1 | Name | | <u>0. 110110 0110 110 110 01 110 110 110 11</u> | 9.0.0. | 190111 | |
| SANDS, H B 169 EAST FLAGLER ST. | | | | | | | | | (P.O. Box Number is Not Acceptate | ole) | | |
| SUITE 1527 MRAMI PL 33131 | | | | | | | · | | | | | |
| | | | | | | 84 | City | | | FL | 85 Zip | Code |
| office or r | egistered ag m familiar wi | ons of Sections 607.6 ent, or both, in the Sti th, and accept the ob or printed name of registered | ate of Florida. ligations of, S | Such change was ection 607.0505, F | authorize Iorida Stat | d by lutes | the cor | rporation's | tion submits this statement for the ps board of directors. I hereby accepted the rensaling. | ourpose of pt the app | changing it ointment as | s registered registered |
| 12. | Signatura, lyped | | AND DIRECTO | | 13. | o Alge | ta s grandit | e regated w | ADDITIONS/CHANGES TO OFFIC | | DIRECTOR | RS IN 12 |
| TALE | -D- | | THE STREET | DELETE 1.1 | | TIF | | ⊤D/PF | | 2211071110 | Change | X Addition |
| NAME | BRACE BALLET | | | 1.21 | | | | HUNT | CHARLES L. | | | _ |
| STREET ADDRESS -189-EAST-FLAGLER STSUITE | | | TE-1527- | - 1527 133 | | | ADDRESS | 4.CO DAGO DE ACEDO CONDUMO CO | | | E 1527 | |
| CITY ST-ZIP | _D | | | XX DELETE | 14 C | | T ZIP | LITER | II, FIGHTON 33131 | | Change | Addition |
| TITLE NAME | -GORDAN | - JOHN - | | AN DELLE | 22 N | | | | | | L Change | LT VOUITION |
| STREET ADDRESS -160 EAST-FLACLER STREET- | | | F | The state of the s | | | ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | | 40141 | | DELETE | 3.1 11 | | ST - ZIP | | | | Change | Addition |
| NAME | | | | Direct | 3.2 N | | | | | | Onlangs | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | 34.0 | : TY-5 | 31 - ZIP | | | | | |
| TITLE | | | - · · · · · · · · · · · · · · · · · · · | DELETE | 4.1 1 | ILE | | 1 | | | Change | Addition |
| NAME | | | | | 4. 2 N | AME | | | | | | |
| STREET ADDRESS | | | | | 4.3 \$1 | IREET | ADDRESS | | | | | |
| CITY-ST-ZIP | _ | | | | 4.4 C | 1Y-S | T · ZIP | | | | | |
| TITLE | | | | ☐ DELFTE | 5.1 To | TLE | | | | | Change | ☐ Addition |
| NAME | | | | | 5 2 N | AMI. | | | • | | | |
| STREET ADDRESS | | | | | 5.3 S | TREET | ADDRESS | 1 | | | | |
| CITY-ST-ZIP | | | | | <u>54</u> C | ITY-S | 1 - ZIP | 1 | | | | |
| TITLE | · · · · · · · · · · · · · · · · · · · | | - | DELETE | 611 | TLE | | 1 | | | Change | Addition |
| NAME | | | | | 62 N | AME | | İ | | | | |
| STREET ADDRESS | | | | | 6.3 S | IRFET | ADDRESS | | | | | |

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

(305) 381-9188

FILED

Jul 09 1997 8:00am

Secretary of State