

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000026942 (8)

1. Corporation Name

COQUI EXPRESS INTERNATIONAL INC.

Principal Place of Business

3399 N.W. 72 AVENUE #215
MIAMI FL 33122

Mailing Address

3399 N.W. 72 AVENUE #215
MIAMI FL 33122-1343

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

BATISTA, JOHN R
6028 N.W. 172 TERRACE CIRCLE
MIAMI FL 33015

3. Date Incorporated or Qualified

03/27/1996

3a. Date of Last Report

4. FET Number

65-0653268

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

ARIEL ZAYAS

82 Street Address (P.O. Box Number is Not Acceptable)

910 WEST AVENUE

83

SUITE 716

84 City

MIAMI BEACH

FL

85 Zip Code

33139

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

4/20/97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BATISTA, JOHN R
STREET ADDRESS 3399 N.W. 72 AVENUE #215
CITY-ST-ZIP MIAMI FL 33122

☐ DELETE

TITLE VD
NAME BLANCO, ZULMA B
STREET ADDRESS 3399 N.W. 72 AVENUE #215
CITY-ST-ZIP MIAMI FL 33122

☐ DELETE

TITLE STD
NAME LAHULLIER, YOLANDA
STREET ADDRESS 3399 N.W. 72 AVENUE #215
CITY-ST-ZIP MIAMI FL 33122

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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. 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.

FILED

97 JUN 27 AM 9:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA



CR2E034 (9/96)