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FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000065072 (6)

1. Corporation Name
COCU'S INC.



Principal Place of Business

5211 NW 74 AVE.
MIAMI FL 33166

Mailing Address

5211 NW 74 AVE.
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 7350 N.W. 7th St.

Suite, Apt. #, etc.

22 205

City & State

23 Miami, FL

24 33126

Country

2a. Mailing Address

26 P.O. Box 520158

Suite, Apt. #, etc.

27

City & State

28 Miami, FL

29 33152

Country

3. Date Incorporated or Qualified

08/05/1996

4. FEI Number

65-0726126

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BELLO, JUAN CARLOS
7940 SW 98 TERR
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

Jaime Vargas

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

7350 N.W. 7th Street, #205

83

84 City

Miami

FL

85 Zip Code

33126

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 filed applicable

Jaime Vargas

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME VARGAS, JAIME
STREET ADDRESS 15906 SW 109 ST
CITY-ST-ZIP MIAMI FL 33196

TITLE ☒ DELETE

NAME LULLIVARRI, FLAVIO
STREET ADDRESS 1191 NW 123 PL
CITY-ST-ZIP MIAMI FL 33182

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 supplementary 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 a 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:

Jaime Vargas
President

3-31-98

305-262-7173

CR2E084 (10/97)