

DOCUMENT # P96000072792

**COCO LUNETTE INTERNATIONAL, INC.**

**Apr 03, 2000 8:00 am**  
**Secretary of State**

Principal Place of Business	Mailing Address
5825 SW 72 ST 200 S MIAMI FL 33143 US	5825 SW 72 ST 200 S MIAMI FL 33143-5222 US

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	65-0691207	Applied For
		Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TRUXTON, GREGG S  
2121 PONCE DE LEON BLVD.  
SUITE 600  
CORAL GABLES FL 33134

<b>7. Name and Address of New Registered Agent</b>	
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Name \_\_\_\_\_

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

\_\_\_\_\_

City	FL	Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

11.	OFFICERS AND DIRECTORS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		PD	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME	BEINER, EDWARD W
STREET ADDRESS	5825 SW 72 ST, 200
CITY - ST - ZIP	S MIAMI FL

[illegible]

TITLE	VSTD	<input type="checkbox"/> Delete
NAME	YUKIMURA, SUMIO	
STREET ADDRESS	2421 W 205 ST, D107	
CITY - ST - ZIP	TORRANCE CA	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	


TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Sumio Yukimuara, Vice President 4/30/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)