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 # P96000100979 (9)

COPRA U.S.A., INC.

Mailing Address Principal Place of Business

FILED Apr 14 1997 8:00am Secretary of State



3151 LAKE ELLEN DRIVE TAMPA FL 33618					TAMPA FL 33618-3600														
										3.	Date Incorporated or Qualified 3a. Date of Last Report								
											12/12	/1996_			-				
2. Principal Place of Business					2a. Mailing Address					4.	. FETNi	ımber		/ -	,		T.	App	lied For
21					26						59-	34	234	13	le			Not	Applic a ble
Suite, Apt. #, etc.					Suite, Apt. #, etc.						5 Carlifficate of Status Desired \$8.7						75 Additional		
22				27	27						5. Certificate of Status Desired						uired		
City & State					City & State					6	. Electic	n Campa	aign Eina	ancing			\$5.	00 k	lay Be
23					28					Trust Fund Contribution Added to Fees							Fees		
Zip	Country				Zip Cou			ry		8.	8. This corporation has tiability for intangible tax under s. 199.032,							199.032,	
24	25				29 30						Florida Statutes Yes No No No No No								
	9, Name	and	Address of Cu	rrent Reg	istered Ager	1				10	, Name	and Add	iress of	New I	Registe	ered A	gent		
GALI	LAGHER, D	ANII	EL R				8.	י וי	Name										
3151		82 Street Ad			Address (I	ddress (P.O. Box Number is Not Acceptable)													
TAMPA FL 33618																			
							B:	3											
							8	4 (City							FL	85	Zip C	ode
																	<u>Ļ. I.</u>		
11. Pursuant office or re agent. I se	to the provis registered ag im familiar wi	ions ient, ith, a	of Sections 607, or both, in the S nd accept the of	0502 and tale of Fic bligations	l 607.1508, Fl orida. Such ch of, Section 6	orida Statute iange was a 07.0505, Flo	es, the abe authorized b orida Staluli	ve-r by thes.	named o he corp	corporation's	on subm board o	its this st f director	atemen s. I here	t for the eby acc	e purpo copt the	se of c appoi	nangi intmer	ng its it as re	registered ogistered
SIGNATURE	Signature typed	l ov rxii	nled name of registere	d agent and t	itle if applicable	(NO?)	L: Registered A	gent :	signature r	required who	in reinstatin	g)			DA	ATE			
12.	O'B'IBIO'O, 195-00	, ф р.п.	OFFICERS				13.	-				ONS/CHA	ANGES	10 OF I	FICERS	AND	DIREC	TORS	IN 12
TITLE	D					DELETE	1.1 TITLE	-									Cha	nge	Addition
NAME	VORCY, A	LDTI	IRO C				1.2 NAME	E											
STREET ADDRESS			LLEN DRIVE				1.3 STREE	ET AD	OORESS										
CITY-ST-ZIP	TAMPA F						1.4 C(1)												
TITLE	D					DELFTE	2.1 TITLE									[Cha	nge	Addition
NAME	PAZ, CRI	STO:	RAL M P				2.2 NAME	Ε											
STREET ADDRESS			LLEN DRIVE				2.3 STRE		nnress										
CITY-ST-ZIP	TAMPA F						2. 4 CITY												
TITLE	D					DELETE	3.1 TITLE									ī	Cha	nge	Addition
NAME	TORRES,	JOS	SF I				3.2 NAMI												
STREET ADDRESS			LLEN DRIVE				3.3 S1RE		IDRESS										
'	TAMPA F						3.4. CITY			,									
CITY-ST-ZIP TITLE	D	L 00	010	-		DELETE	4.1 TITLE		*"	 			<u></u>		······································		Cha	nge	Addition
NAME	SUAREZ.	IEC	916		L		4. 2 NAM									-		-	
1 1			llen drive				4.3 STRE		DDDEEC	1									
STREET ADDRESS																			
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TALE					l	DELLIE												0-	
NAME							5.2 NAMI		hhhenn										
STREET ADDRESS			1				5.3 STRE												
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NAME 153	1 .						6.2 NAM			1									
STREET ADDRESS							6.3 STRE	E1 AI	DDRESS										
CITY-ST-ZIP	<u> </u>						6.4 CITY	· S1-	ZIP	<u></u>									

14. 1 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 eath; that I am an officer or director of the corporation or the receiver of 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 attachmost with an address.