

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 24 1998 8:00am
Secretary of State

DOCUMENT # P97000044183 (6)

1. Corporation Name

COCO LUNETTE OF AVENTURA, INC.



Principal Place of Business

Mailing Address

2121 PONCE DE LEON BLVD
SUITE 600
CORAL GABLES FL 33134

2121 PONCE DE LEON BLVD
SUITE 600
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 19501 Biscayne Blvd.

Suite, Apt. #, etc.

22 Room #1689, Aventura Mall

City & State

23 Miami, Florida

Zip

24 33180

Country

25 USA

2a. Mailing Address

26 5825 S.W. 72nd Street

Suite, Apt. #, etc.

27 Suite 200

City & State

28 South Miami, Florida

Zip

29 33143

Country

30 USA

3. Date Incorporated or Qualified

05/16/1997

4. FEI Number

65-0762469

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

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D BEINER, EDWARD W
STREET ADDRESS 2121 PONCE DE LEON BLVD, #600
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE
NAME D BALOCCO, GUIDO
STREET ADDRESS 2121 PONCE DE LEON BLVD, #600
CITY-ST-ZIP CORAL GABLES FL 33134

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 P/S/T ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS 5825 S.W. 72nd Street, Suite 200
1.4 CITY-ST-ZIP South Miami, Florida 33143

2.1 TITLE V ☐ Change ☒ Addition
2.2 NAME c/o Piero Salussolia
2.3 STREET ADDRESS 200 S. Biscayne Blvd.
2.4 CITY-ST-ZIP Miami, Florida 33131

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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

3-24-98

305.111.8731

CP2E034 (10/97)