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

DOCUMENT # 1. Corporation Name

P97000082333 (0)

COTO CORPORATION

FILED May 13 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			E IDDALDEL LIG FERTA IDDALF ODALF ORAL CHAIL DELDI ADIXB ALRED HARD DIAL ADDA
\$301 N.W. 15TH STREET 5301 N.W. 15TH STREET					
BAY 0-28		BAY D-28	BAY D-28		DO NOT WRITE IN THIS SPACE
MARGATE FL 33063		MARGATE FL 33063	MARGATE FL 33063		3. Date Incorporated or Qualified
					09/18/1997
	lace of Business	2a, Mailing Address			4 FEI Number
21 53		26 530/ N	, W. 1	574 5	7 65-080 6998 Not Applicable
Contract in the			- 4		6 Cortificate of Status Desired 90.70 Additional
					Fee Required
City & State 23 MARCATE, FL 28 MARCAT			a	61	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 M	ARGATE, FL	ZIP MARGO	Country	, <u> - </u>	Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible
24 3		29 33063	30 V.	S, A.	Personal Property Tax due June 30. Yes No
	g. Name and Address of Current R	<u>1 </u>		,	10. Name and Address of New Registered Agent
C	OTO, HECTOR		81	Name	
	5301 N.W. 15TH STREET				Idress (P.O. Box Number is Not Acceptable)
	AY D-28		82		
	IARGATE FL 33063		83		
			84	City	85 Zip Code
				L	
office or re	edi stered agent, or both, in the State of I	Florida. Such change was au	uthorized by	v the corpora	propriation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligation	ns of, Section 60 7.050 5, Flor	rida Statute	\$.	, , , , , ,
SIGNATURE	Signature, typied or printed name of registered agent ar	of the Panalestale (MOT)	Registered Are	ant e-ocalium rac	go red when reinstating) DATE
12.	OFFICERS AND D	-	13.	M ediame red	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COTO, HECTOR		1.2 NAME		
STREET ADDRESS	5301 N.W. 15TH STREET, D-28	}	1.3 STREET	ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063		1.4 CITY - S	ST-ZIP	
TITLE	D	DELETE	2.1 TITLE		Change Addition
RAME	COTO, ALFONSO		22 NAME		
STREET ADDRESS	5301 N.W. 15TH STREET, D-28	}	2 3 STREET	ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063	T OFFICE	2 4 CiTY-	SI - ZIP	
TITLE		□ DELETE	3.1 TITLE	1	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET		
CITY-ST-ZIP		☐ DELETE	3.4. CITY - : 4.1 TITLE	S1-ZIP	☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 CHTY- S	l l	
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 CITY - S	IT- ZIP	
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	1	
STREET ADDRESS			6.3 STREET	ADDRESS	
CITY-ST-ZIP			64 CHY-S		
14. I hereby of indicated	ertify that the information supplied with t	his filing does not qualify for	the exemp	tion stated i	in Section 119.07(3)(i), Florida Statutes. I further certify that the information ture shall have the same legal effect as if made under oath; that I am an
officer or	director of the corporation or the focusive	r or trustee empriwered to ex	xecute this	report as re	quired by Chapter 607, Florida Statutes; and that my name appears in
Block 12 d	or block 13 it chapged, or on an all all the	ient with an address/			