

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

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 # P97000092197 (7)

1. Corporation Name

COCO'S OF AVENTURA, INC.

Principal Place of Business

Mailing Address

~~8801 WATERWAYS BLVD. #504~~  
AVENTURA FL 33180

AS IS ~~3801 WATERWAYS BLVD. #504~~  
OK AVENTURA FL 33180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 19501 BISCAYNE BLVD.

26 Mailing Address

26 3801 WATERWAYS BLVD

Suite, Apt. #, etc.

22 STORE # 793

Suite, Apt. #, etc.

27 APT #

City & State

23 AVENTURA, FLORIDA

City & State

28 AVENTURA, FLORIDA

Zip

24 33180

Country

25 USA

Zip

29 33180

Country

30 USA

9. Name and Address of Current Registered Agent

MIGICOVSKY, DAVID  
3801 WATERWAYS BLVD. #504  
AVENTURA FL 33180

3. Date Incorporated or Qualified

10/27/1997

4. FEI Number

65-0804549

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

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

SIGNATURE

Signature, type or print name

DAVID MIGICOVSKY

Registered Agent signature required when reinstating

DATE

Apr 24/98

12. OFFICERS AND DIRECTORS

TITLE ~~PD~~ ☐ DELETE

NAME MIGICOVSKY, DAVID OK

STREET ADDRESS ~~8801 WATERWAYS BLVD. #504~~

CITY-ST-ZIP AVENTURA FL 33180

TITLE ~~STD~~ ☒ DELETE

NAME ~~CHALIN, RICHARD A~~

STREET ADDRESS ~~8801 WATERWAYS BLVD. #504~~

CITY-ST-ZIP AVENTURA FL 33180

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 DIRECTOR ☒ Change ☐ Addition

1.2 NAME MIGICOVSKY, DAVID

1.3 STREET ADDRESS 3801 WATERWAYS BLVD. #504

1.4 CITY-ST-ZIP AVENTURA, FL 33180

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 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, type or print name

Apr 24/98

CR2E034 (10/97)