

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90005 045 ***158.75

12/24/98

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000072586

1. Corporation Name
COPPOLA INVESTMENTS, INC.,



Principal Place of Business
 9225 S.W. 10TH TERRACE
 MIAMI FL 33174

Mailing Address
 9225 S.W. 10TH TERRACE
 MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/19/1998

4. FEI Number
65-0874784 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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

9. Name and Address of Current Registered Agent
FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

10. Name and Address of New Registered Agent
 81 Name **MIGUEL COPPOLA**
 82 Street Address (P.O. Box Number is Not Acceptable)
9225 SW 10 TERR.
 83
 84 City **MIAMI** FL 85 Zip Code **33174**

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 *Miguel Coppola* DATE **3-1-99**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	COPPOLA, MIGUEL	
STREET ADDRESS	9225 S.W. 10TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COPPOLA, MICHAEL	
STREET ADDRESS	9225 S.W. 10TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MIGUEL COPPOLA	
1.3 STREET ADDRESS	9225 SW 10 TER	
1.4 CITY-ST-ZIP	MIAMI FLA. 33174	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MIGUEL COPPOLA	
2.3 STREET ADDRESS	9225 SW 10 TER	
2.4 CITY-ST-ZIP	MIAMI FL 33174	
3.1 TITLE	TRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MICHAEL COPPOLA	
3.3 STREET ADDRESS	9225 SW 10 TER	
3.4 CITY-ST-ZIP	MIAMI FL. 33174	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *Miguel Coppola* **PRESIDENT** DATE: **3-1-99** DAYTIME PHONE #: **(305) 446-8749**

CR2E034 (11/98)