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FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90063 005 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000072883

1. Corporation Name

COBRA EXPRESS LINE CORPORATION

Principal Place of Business  
1953 DESTINY BLVD STE 207  
KISSIMMEE FL 34741

Mailing Address  
1953 DESTINY BLVD STE 207  
KISSIMMEE FL 34741



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1998

4. FEI Number

59-3529584

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 13864 TimberBrooke Dr

Suite, Apt. #, etc.

22 # 101

City & State

23 ORLANDO FLORIDA

Zip

24 32824

Country

25 ORANGE

2a. Mailing Address

26 13864 TimberBrooke Dr

Suite, Apt. #, etc.

27 # 101

City & State

28 ORLANDO FLORIDA

Zip

29 32824

Country

30 ORANGE

9. Name and Address of Current Registered Agent

COLLAZO, WILLIAM  
1953 DESTINY BLVD STE 207  
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name

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

83

13864 TimberBrooke Dr # 101

84 City

ORLANDO

FL

85 Zip Code

32824

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

*William Collazo*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/8/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME COLLAZO, WILLIAM  
STREET ADDRESS 1953 DESTINY BLVD STE 207  
CITY-ST-ZIP KISSIMMEE FL 34741 ☐ DELETE

TITLE D  
NAME ALBERTO, MIGUEL A  
STREET ADDRESS 1953 DESTINY BLVD STE 207  
CITY-ST-ZIP KISSIMMEE FL 34741 ☒ DELETE

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 SECRETARY ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 13864 TimberBrooke Drive 101  
1.4 CITY-ST-ZIP ORLANDO FL 32824

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE PRESIDENT ☐ Change ☒ Addition  
3.2 NAME VICTORIA COLLAZO  
3.3 STREET ADDRESS 13864 TimberBrooke Drive # 101  
3.4 CITY-ST-ZIP ORLANDO FL 32824

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

*William Collazo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/99 407-WT-8379