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| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>                                                                                                                         |                                   |  <b>FLORIDA DEPARTMENT OF STATE</b><br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 93 MAR 22 AM 11:34<br>FLORIDA DEPARTMENT OF STATE<br>TALLAHASSEE, FLORIDA |  |
| <b>DOCUMENT # P98000079122</b><br>1. Corporation Name<br><b>COICOI CORPORATION</b>                                                                                   |                                   |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           |  |
| Principal Place of Business<br>3414 SANDS HARBOR TRACE<br>POMPANO BEACH FL 33069                                                                                     |                                   |                                                                                                                                                                                            | Mailing Address<br>3414 SANDS HARBOR TRACE<br>POMPANO BEACH FL 33069                                                                                                                                                                                                                                                                                                                                                                                            |                                                                           |  |
| DO NOT WRITE IN THIS SPACE                                                                                                                                           |                                   |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country                                                                        |                                   |                                                                                                                                                                                            | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country                                                                                                                                                                                                                                                                                                                                                                              |                                                                           |  |
| 3. Date Incorporated or Qualified<br><b>09/14/1998</b>                                                                                                               |                                   |                                                                                                                                                                                            | 4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable                                                                                                                                                                                                                                                                                                                                                           |                                                                           |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                             |                                   |                                                                                                                                                                                            | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                                                                                                                                                                                                                                                                                             |                                                                           |  |
| 7. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                       |                                   |                                                                                                                                                                                            | 8. Name and Address of Current Registered Agent<br><b>CHECA, RODOLFO A</b><br><b>3414 SANDS HARBOR TRACE</b><br><b>POMPANO BEACH FL 33069</b>                                                                                                                                                                                                                                                                                                                   |                                                                           |  |
| 9. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 85 Zip Code               |                                   |                                                                                                                                                                                            | 10. 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 _____ DATE _____<br>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when resigning) |                                   |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           |  |
| 12. OFFICERS AND DIRECTORS                                                                                                                                           |                                   |                                                                                                                                                                                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           |  |
| TITLE                                                                                                                                                                | D <input type="checkbox"/> DELETE | 11 TITLE                                                                                                                                                                                   | President <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           |  |
| NAME                                                                                                                                                                 | CHECA, RODOLFO A                  | 12 NAME                                                                                                                                                                                    | Ramon Ignacio Alvarez Viso                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           |  |
| STREET ADDRESS                                                                                                                                                       | 3414 SANDS HARBOR TRACE           | 13 STREET ADDRESS                                                                                                                                                                          | 3414 Sands Harbor Trace                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |  |
| CITY-ST-ZIP                                                                                                                                                          | POMPANO BEACH FL 33069            | 14 CITY-ST-ZIP                                                                                                                                                                             | Pompano Beach, FL 33069                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |  |
| TITLE                                                                                                                                                                | D <input type="checkbox"/> DELETE | 21 TITLE                                                                                                                                                                                   | Vice-President - Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                    |                                                                           |  |
| NAME                                                                                                                                                                 | DEALVAREZ, CONCEPCION T           | 22 NAME                                                                                                                                                                                    | Rodolfo Alvarez-Checa                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           |  |
| STREET ADDRESS                                                                                                                                                       | 3414 SANDS HARBOR TRACE           | 23 STREET ADDRESS                                                                                                                                                                          | 3414 Sands Harbor Trace                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |  |
| CITY-ST-ZIP                                                                                                                                                          | POMPANO BEACH FL 33069            | 24 CITY-ST-ZIP                                                                                                                                                                             | Pompano Beach, FL 33069                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |  |
| TITLE                                                                                                                                                                | <input type="checkbox"/> DELETE   | 31 TITLE                                                                                                                                                                                   | Secretary: Concepcion Teresa <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                  |                                                                           |  |
| NAME                                                                                                                                                                 |                                   | 32 NAME                                                                                                                                                                                    | Visu de Alvarez                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           |  |
| STREET ADDRESS                                                                                                                                                       |                                   | 33 STREET ADDRESS                                                                                                                                                                          | 3414 Sands Harbor Trace                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |  |
| CITY-ST-ZIP                                                                                                                                                          |                                   | 34 CITY-ST-ZIP                                                                                                                                                                             | Pompano Beach, FL 33069                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |  |
| TITLE                                                                                                                                                                | <input type="checkbox"/> DELETE   | 41 TITLE                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           |  |
| NAME                                                                                                                                                                 |                                   | 42 NAME                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           |  |
| STREET ADDRESS                                                                                                                                                       |                                   | 43 STREET ADDRESS                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           |  |
| CITY-ST-ZIP                                                                                                                                                          |                                   | 44 CITY-ST-ZIP                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           |  |
| TITLE                                                                                                                                                                | <input type="checkbox"/> DELETE   | 51 TITLE                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           |  |
| NAME                                                                                                                                                                 |                                   | 52 NAME                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           |  |
| STREET ADDRESS                                                                                                                                                       |                                   | 53 STREET ADDRESS                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           |  |
| CITY-ST-ZIP                                                                                                                                                          |                                   | 54 CITY-ST-ZIP                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           |  |
| TITLE                                                                                                                                                                | <input type="checkbox"/> DELETE   | 61 TITLE                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           |  |
| NAME                                                                                                                                                                 |                                   | 62 NAME                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           |  |
| STREET ADDRESS                                                                                                                                                       |                                   | 63 STREET ADDRESS                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           |  |
| CITY-ST-ZIP                                                                                                                                                          |                                   | 64 CITY-ST-ZIP                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           |  |

CR2E034 (11/98)

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/99

Date

954-974-6289

Daytime Phone #