

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90037 017 ***150.00

DOCUMENT # P98000079150

1. Corporation Name

CocoLand, Inc.

Principal Place of Business

7031 Grand National Drive
Suite 107
Orlando, FL 32819

Mailing Address

7031 Grand National Drive
Suite 107
Orlando, FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1998

4. FEI Number

59-3567517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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 7111 Grand National Drive

Suite, Apt. #, etc.

22 Suite 105

City & State

23 Orlando, FL

Zip

24 32819

Country

25 Orange

2a. Mailing Address

26 7111 Grand National Drive

Suite, Apt. #, etc.

27 Suite 105

City & State

28 Orlando, FL

Zip

29 32819

Country

30 Orange

9. Name and Address of Current Registered Agent

Thomas E. Doss III

500 E. Altamonte Dr., Suite 210

Altamonte Springs, FL 32701

10. Name and Address of New Registered Agent

81 Name

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

500 E. Altamonte Dr.

83

84 City

Altamonte Springs,

FL

85 Zip Code

32701

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME Ali Segura
STREET ADDRESS 7031 Grand National Dr., Suite 107
CITY-ST-ZIP Orlando, FL 32819

TITLE D ☐ DELETE
NAME Nelson Altavilla
STREET ADDRESS 7031 Grand National Dr., Suite 107
CITY-ST-ZIP Orlando, FL 32819

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 D ☒ Change ☐ Addition
1.2 NAME Ali Segura
1.3 STREET ADDRESS 7111 Grand National Dr., Suite 105
1.4 CITY-ST-ZIP Orlando, FL 32819

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Nelson Altavilla
2.3 STREET ADDRESS 7111 Grand National Dr., Suite 105
2.4 CITY-ST-ZIP Orlando, FL 32819

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, on an attachment with an address, with all other like empowered.

SIGNATURE:

Ali Segura

4/30/99

407.354.1154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)