SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Aug 31, 1999 8:00 am
Secretary of State
08-31-1999 90001 005 ***550.00

DOCUMENT # P98000089253

1. Corporation Name
COAGROIN OF MIAMI, INC.

Principal Place of Business	Mailing Address
6969 N.W. 84TH AVE. MIAMI FL 33166	6969 N.W. 84TH AVE. MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1998

2. Principal Place of Business	2a. Mailing Address
21 6979 N.W 84 ave	26 6979 N.W 84 ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami, FL	28 City & State: Miami
24 Zip: 33166 25 Country: Dade	29 Zip: 33166 30 Country: Dade

4. FEI Number: 65-0871593 ☐ 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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HERRERA, HENRY A
6969 N.W. 84TH AVE.
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 6979 NW 84 ave

83

84 City: Miami FL 85 Zip Code: 33166

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	SUAREZ, VICTOR		1.2 NAME	
STREET ADDRESS	6969 N.W. 84TH AVE.		1.3 STREET ADDRESS	6979 NW 84th Ave
CITY-ST-ZIP	MIAMI FL 33166		1.4 CITY-ST-ZIP	Miami, FL 33166
TITLE	DVP	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	DELGADO, AMANDA		2.2 NAME	
STREET ADDRESS	6969 N.W. 84TH AVE.		2.3 STREET ADDRESS	6979 N.W. 84 Ave
CITY-ST-ZIP	MIAMI FL 33166		2.4 CITY-ST-ZIP	Miami, FL 33166
TITLE	D	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	SUAREZ, ARIEL		3.2 NAME	
STREET ADDRESS	6969 N.W. 84TH AVE.		3.3 STREET ADDRESS	6979 N.W. 84 ave.
CITY-ST-ZIP	MIAMI FL 33166		3.4 CITY-ST-ZIP	Miami, FL 33166
TITLE	D	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	RUIZ, CESAR		4.2 NAME	
STREET ADDRESS	6969 N.W. 84TH AVE.		4.3 STREET ADDRESS	6979 N.W. 84ave
CITY-ST-ZIP	MIAMI FL 33166		4.4 CITY-ST-ZIP	Miami, FL 33166
TITLE	D	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	HERRERA, HENRY A		5.2 NAME	
STREET ADDRESS	6969 N.W. 84TH AVE.		5.3 STREET ADDRESS	6979 N.W. 84ave
CITY-ST-ZIP	MIAMI FL 33166		5.4 CITY-ST-ZIP	Miami, FL 33166
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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 REQUIRED 8/25/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #