1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000097455**1. Corporation Name

Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90066 032 ***150.00

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MIAMI FL 33178 DO NOT WRITE IN THIS SPA 3. Date Incorporated or Qualifed 11/16/1998 2a. Mailing Address 2a. Mailing Address 4. FEI Number 65 - 0880 589	CE	
3. Date Incorporated or Qualifed 11/16/1998 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65 - 0880589		
2. Principal Place of Business 2a. Mailing Address 25 25 26 21 21 21 22 22 23 24 25 25 26 26 27 28 29 29 20 21 21 21 21 21 21 22 21 21 21 21 21 21		
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65 - 0880 589 21 26		
	Applied Not App	
	8.75 Additi Fee Require	
City & State City & State 6. Election Campaign Financing	5.00 May Added to Fe	
Zip Country Zip Country 8. This corporation owes the current year Intangib		
24 25 29 30 Personal Property Tax.		0
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	<u></u>	
BI ANCO JOCE F		
BLANCO, JOSE E 82 Street Address (P.O. Box Number / Not Acceptable)		
5122 N.W. 114TH CT.		
MIAMI FL 33178		
84 City FL 85	Zip Code	-
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chan 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 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	nt as registe	red
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS	N 12
		Addition
NAME BLANCO, JOSE E 12 NAME COGGO CONTROL W		
STREET ADDRESS 5122 N.W. 114TH CT.		J
CITY-ST-ZIP MIAMI FL 33178		
TITLE DELETE 21TITLE	Change	Addition
NAME 22 NAME		
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STREET ADDRESS 2.3 STREET ADDRESS		
CITY-ST-ZIP 2.4 CITY-ST-ZIP		
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CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4.2 NAME		
2.4 CITY-ST-ZIP		
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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 acquess, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

OFFICER OR DIRECTOR

TOSE E. BLANCO

JM 18, 1999

305-406-2344