## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

S05794

DOCUMENT # 1. Corporation Name

(0)

KOCACHO BEACH GEAR, INC.											
Principal Place	of Business		Mailing Address					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3748 NW 601 Miami Beach US			3748 NW 80TH ST. MIAMI BEACH FL 33139 US								
						<ol> <li>Date Incorporated or Qualified</li> <li>10/15/1990</li> </ol>	3a. Date of Last Report 04/04/1995				
2. Principal Pla	ace of Business					4. FEI Number Applied For					
21			26	26			<b>65-0228459</b> Not Applicable				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required					
22			City & State				6. Election Campaign Financing			<del></del>	
Oity & State	B		City & State			Trust Fund Contribution	cing \$5.00 May Be Added to Fees				
Zip Country			Zip Country			8. This corporation has liability for i	ntangible t	ax under s	199.032,		
24	25	3	29	30			Fiorida Statutes X Yes				
	g. Name an	d Address of Current	t Registered Agent			T &1	10. Name and Address of New R	egistered	Agent		
r -					81	Name					
	E, JAVIER				82	Street Add	ss (P.O. Box Number is Not Acceptable)				
	.W. 80TH STR	(EE I			83						
MIAMIF	FL 33147										
					84	City		FL	85   Zı¢	Code	
11. Pursuant f or register familiar wi SIGNATURE:	ith, and accept t	s of Sections 607, 0502 thy in the State of Florid the obligations of, Section printed name of registered agont a	on 607.0505, Florida 5ta	atules.			ration submits this statement for the pur ind of directors. I hereby accept the appr at when renstating!	pose of cr pintment a	s registered	agent. I am	
12.	l)	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	CERS AN	D DIRECTO	RS IN 12	
TITLE	PSD		DELETE	1.1	TITLE				Change	Addition	
NAME		THERESA	/ `	1.2 N	IAME	}					
STREET ADDRESS		IOVIA STREET		1.3 \$	1.3 STREET ADDRESS						
CITY-ST-ZIP	1	ABLES FL 33134				ST - ZIP			Change	☐ Addition	
TITLE	P	IAMED	[] DELETE						Change	☐ Addition	
NAME	VELARDE	, JAVIER 80TH STREET		221		T ADDDCCC					
STREET ADDRESS	MIAMI FL	OUT STREET		1		T ADDRESS					
TITLE	MICHIEL		DELETE		TITLE	ST-ZIP			Change	Addition	
NAME					AME					<del></del>	
STREET ADDRESS						T ADDRESS					
CHTY-S1-7IP						ST-7IP					
Tift			[] DELETI		TITLE				Change	☐ Addition	
NAM[				421	NAME						
STREET ADDRESS				433	STREE	T ADDRESS					
CITY-SI-ZIP						S1 - ZIP			<u>(1) ()</u>		
TIFE			☐ DELET		TITLE				☐ Change	☐ Addition	
NAME					NAME						
STREET ADDRESS				1		T ADDRESS					
CITY - ST - ZIP	<b></b>		T Delet			ST-ZIP			Change	Addition	
1011.6			DELET		TITLE				C) change	☐ Modition	
NAME					NAME						
STREET ADDRESS	1			63	SIHLE	I ADDRESS					
CITY - ST - ZIF	<b>I</b>					ST-ZIP					

recommends the months and the months and the months and the months are the months and the months are the months and the months are the same legal effect as it made under certify that the information indicated on this amount report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under cath; that I am an officer or director on 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 13 in chapter on any attachment with an agrees.

SIGNATURE:

FICER OR DIRECTOR