

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 6, 1995.  
AMOUNT DUE ON OR BEFORE 8/6/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**AND  
FILED**

**95 JUL -6 AM 8:32**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S25587 (4)**

1. Corporation Name:  
**COCA, INC.**

Principal Place of Business: **1051 WASHINGTON AVENUE  
MIAMI BEACH FL 33139**  
Mailing Address: **1051 WASHINGTON AVENUE  
MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/16/1991</b>	3a. Date of Last Report <b>04/05/1994</b>
4. FEI Number <b>65-0261979</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. This corporation has liability for changing its name under 1993 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt # etc	26. State Apt # etc
22. City, A State	27. City & State
23. Zip	28. Zip
24. Locality	29. City
25. Locality	30. City

**9. Name and Address of Current Registered Agent**

**FORS, LUIS A.  
8360 W FLAGLER ST.  
SUITE 205  
MIAMI FL 33144**

**10. Name and Address of New Registered Agent**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
**FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607 (6)(2) 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 (6)(2), Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
12.1 NAME	<b>D VELAZQUEZ, LUDOVINO</b>	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS	<b>5519 NW 190 LANE MIAMI FL</b>	13.2 NAME	
12.3 CITY, STATE		13.3 STREET ADDRESS	
12.4 CITY, STATE		13.4 CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME	<b>D RODRIGUEZ, CESAR</b>	13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 STREET ADDRESS	<b>5519 NW 190 LANE MIAMI FL</b>	13.6 NAME	
12.7 CITY, STATE		13.7 STREET ADDRESS	
12.8 CITY, STATE		13.8 CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME		13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 STREET ADDRESS		13.10 NAME	
12.11 CITY, STATE		13.11 STREET ADDRESS	
12.12 CITY, STATE		13.12 CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME		13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS		13.14 NAME	
12.15 CITY, STATE		13.15 STREET ADDRESS	
12.16 CITY, STATE		13.16 CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information suggested with this report is completely furnished and does not qualify for the exemption stated in Section 119 (07)(2), Florida Statutes. I further certify that the information submitted on this report is not a suggested and added report as that of the state and that my signature is based on the same legal effect as if made under oath that I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 147, Florida Statutes, and that my name appears in Block 12 or Block 13. Signature: \_\_\_\_\_ with an address.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPE AND FULL NAME OF BOARD OFFICER OR DIRECTOR

**6-29-95** 531182  
1183

CR2E034 (3/95)