

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

FILED

Feb 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S36028**

(6)

1. Corporation Name

COCO LUNETTE, INC.

Principal Place of Business

**POST OFFICE BOX 140668
CORAL GABLES FL 33114-0668**

Mailing Address

**POST OFFICE BOX 140668
CORAL GABLES FL 33114-0668**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/05/1991	3a. Date of Last Report 04/10/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0262520		Applied For ☐ Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing ☐		\$5.00 May Be Added to Fees	
24 Country	29 Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
MJF REGISTERED AGENT CORP.		81 Name			
153 SEVILLA AVENUE		82 Street Address (P.O. Box Number is Not Acceptable)			
CORAL GABLES FL 33134		83			
		84 City			
		FL			
		85 Zip Code			

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	1.1 TITLE	1.1 TITLE	DSPT
NAME	1.2 NAME	1.2 NAME	BEINER, EDWARD
STREET ADDRESS	1.3 STREET ADDRESS	1.3 STREET ADDRESS	153 Sevilla Avenue
CITY-ST-ZIP	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	2.1 TITLE	2.1 TITLE	
NAME	2.2 NAME	2.2 NAME	
STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS	
CITY-ST-ZIP	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE	3.1 TITLE	3.1 TITLE	
NAME	3.2 NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE	4.1 TITLE	4.1 TITLE	
NAME	4.2 NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	5.1 TITLE	5.1 TITLE	
NAME	5.2 NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	6.1 TITLE	6.1 TITLE	
NAME	6.2 NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP	

14. I do 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:

1-28-97 305-666-8731

CR2E034 (9/96)