

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

APPROVED

2017

DOCUMENT # S81390

(4)

2949 COCONUT AVE. INC.

**2949 COCONUT AVE
COCONUT GROVE, FL
MIAMI FL 33133**

**2949 COCONUT AVE
COCONUT GROVE, FL
MIAMI FL 33133**

21	22	23	24	25	26	27	28	29	30

3. Date of corporation's creation	3a. Date of last report
09/19/1991	05/01/1994
4. FEI Number	Applied For Not Applicable
NOT APPLICABLE	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.012 Florida Statute	☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**FUENTES, EDUARDO
2949 COCONUT AVE
COCONUT GROVE
MIAMI FL 33133**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 190.01 and 190.02, Florida Statute, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in this State. It is to be understood that each 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 a registered agent under the Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1994	
NAME	P FUENTES, EDUARDO 2949 COCONUT AVE MIAMI FL	NAME	
STREET ADDRESS	V FUENTES, ENRIQUE 2949 COCONUT AVE MIAMI FL	STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.02, Florida Statute. I further certify that the information filed on this report is not a fraudulent report or a report that is false and that my signature shall have the same legal effect as if made in person. I am not an officer or director of the corporation and I am not a shareholder or partner in the corporation. This report is required by Chapter 190, Florida Statute, and that my report appears in Block 13 of this filing is an official record with no value.

SIGNATURE: 
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Eduardo Fuentes

4/26/95 305 223-1434