

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:36

DOCUMENT # **V16378** (4)
1. Corporation Name
ISLA DEL COQUI ENTERPRISES, INC.

Principal Place of Business Mailing Address
4218 N. RENELLIE DR. TAMPA FL 33614 **4219 N. RENELLIE DR. TAMPA FL 33614**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/24/1992** 3a. Date of Last Report **06/10/1994**
4. FEI Number **59-3166564** Applied For Not Applicable
5. Certificate of Status Desired **\$0.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
ROLDAN, RAMON
4219 N. RENELLIE DR.
TAMPA FL 33614

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 607.0502 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

12. OFFICERS AND DIRECTORS
TITLE **D**
NAME **ROLDAN, RAMON**
STREET ADDRESS **4219 N. RENELLIE DR.**
CITY ST ZIP **TAMPA FL 33614**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Ramon Roldan* (P.O.) **3/21/95** (813) 870-3688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR