

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V31870 (1)

1. Corporation Name
COELHO DA FONSECA, INC.



Principal Place of Business Mailing Address
1414 BRICKELL AVENUE 2666 BRICKELL AVE., 3rd FL
MIAMI, FL 33129 MIAMI, FL 33129

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 1414 BRICKELL AVENUE 26 2666 BRICKELL AVE. 3rd FL
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 MIAMI, FL 28 MIAMI, FL
Zip Country Zip Country
24 33129 25 USA 29 33129 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report
04/28/1992 06/18/1996
4. FEI Number Applied For
65-0385927 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLOSBERGAS, NELSON
501-BRICKELL-KEY-DRIVE
SUITE 400
MIAMI-FL-33131

81 Name
EDGARDO DEFORTUNA
82 Street Address (P.O. Box Number is Not Acceptable)
2666 BRICKELL AVE., 3rd Floor
83
84 City MIAMI FL 85 Zip Code 33129

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

8/1/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME COELHO DA FONSECA, ALVARO
STREET ADDRESS 501-BRICKELL-KEY-DRIVE, SUITE 400
CITY-ST-ZIP MIAMI-FL-33131
TITLE ☐ DELETE
NAME PSTD
STREET ADDRESS PACHECO, VERA L
CITY-ST-ZIP 501-BRICKELL-KEY-DRIVE, SUITE 400-
MIAMI-FL-33131
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2666 Brickell Ave., 3rd Floor
1.4 CITY-ST-ZIP Miami, FL 33129
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2666 Brickell Ave., 3rd Floor
2.4 CITY-ST-ZIP Miami, FL 33129
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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

Signature of Alvaro Coelho da Fonseca

8/1/97 305-874-3888

CR2E034 (4/97)