

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F58316** (3)

1. Corporation Name

GUANAPE, INC.



Principal Place of Business

**%PAUL H. KUPFER
1700 UNIVERSITY DRIVE
CORAL SPGS. FL 33071-6089**

Mailing Address

**%PAUL H. KUPFER
1700 UNIVERSITY DRIVE
CORAL SPGS. FL 33071-6089**

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

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State, Apt. #, etc.

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City & State

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City & State

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Zip

Country

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Zip

Country

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9. Name and Address of Current Registered Agent

**KUPFER, PAUL H.
1700 UNIVERSITY DRIVE
CORAL SPGS. FL 33071**

3. Date Incorporated or Qualified

12/14/1981

3a. Date of Last Report

02/07/1995

4. FEI Number

59-2548924

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 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

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 607.0503, 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 607.0504, Florida Statutes.

SIGNATURE

Signature of Corporation Registered Agent

Signature of Registered Agent

Date

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP
4. TITLE
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6. STREET ADDRESS
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8. NAME
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LAVIE, CELESTINO IGNA
ZONA 1050 APT 51000
CARACAS VE
SVTD
DEBNEY, ANA MARIA
ZONA 1050 APT 51000
CARACAS, VEN 00000**

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SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96

954-755-3600
Daytime Phone #