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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F58316** 

GUANAPE, INC. Mailing Address Principal Place of Business SPAUL H. KUPFER %PAUL H. KUPFER 1700 UNIVERSITY DRIVE 1700 UNIVERSITY DRIVE CORAL SPGS. FL 33071-6089 CORAL SPGS. FL 33071-8905 3. Date Incorporated or Qualified 3a. Date of Last Report 12/14/1981 02/27/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2548924 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zψ Country This corporation has fiability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KUPFER, PAUL H. 1700 UNIVERSITY DRIVE 62 Street Address (P.O. Box Number is Not Acceptable) CORAL SPGS. FL 33071 83 84 City 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 Sugardial typical or printed more of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6)12. PD DELETE 1 1 TITLE Change Addition THU LAVIE, CELESTINO IGNA 12 NAME CR2E034 NAME ZONA 1050 APT 51000 STHEET ADDRESS 13 STREET ADDRESS CARACAS VE 1.4 CITY - ST - ZIP CHY-SI-ZiP SVID DELETE D/P/S/T Change Addition HILL 2.1 TITLE DEBREY, ANA MARIA 2.2 NAME ZONA 1050 APT 51000 STREET ADDRESS 2.3 STREET ADDRESS CARACAS, VEN 00000 2 4 CiTY-ST-ZiP CITY-ST ZIP DELETE Change **K** Addition 3.1 TITLE TITLE CELESTINO DIAZ MONSEFF 3.2 NAME NAME 5100 2011 POSTAL 1050 3 3 STREET ADDRESS STREET ADDRESS CARCAS, VENEZULA 3.4. CITY-ST-ZIP CITY - ST- ZIP DELETE Change Addition 4 1 TITLE 4 2 NAME NAM 4.3 STREET ADDRESS STREET ADDRESS 4 4 City - St - ZiP CHY-ST-ZE DELETE 51 TITLE ☐ Change Addition TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ACCORESS 5.4 CITY-ST-ZIP CITY - ST - Ziff DELETE Change ■ Addition 6.1 THLE TITLE 6.2 NAME NAM

6.3 STREET ADDRESS

64 CITY-ST-ZIP 14. I do hereby cert by 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

SIGNATURE:

appears in Block 12 or Block

STREET ADDRESS

CITY - ST - ZIP

755°3600

**FILED** 

Feb 25 1997 8:00am

Secretary of State

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