

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **H65528**

(2)

1. Corporation Name

C. LAPON REALTY, INC.

Principal Place of Business

**7610 N.W. 186TH STREET
MIAMI FL 33015**

Mailing Address

**7610 N.W. 186TH STREET
MIAMI FL 33015**

APPROVED
AND
FILED

MAY -1 AM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1985

3a. Date of Last Report

05/01/1994

4. FET Number

59-2554883

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. 190.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite Apt # etc.

Suite Apt # etc.

22

27

City & State

City & State

23

28

Zip

County

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAPON, NYDIA
7610 NW 186TH ST
MIAMI FL 33015**

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

Signature of Agent, if different from the Registered Agent, must be typed.

Signature of Registered Agent, if different from the Registered Agent, must be typed.

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 12)

12.1 NAME STREET ADDRESS CITY, ST, ZIP	PD LAPON, JULIO A. 7610 NW 186TH ST MIAMI FL 33015
12.2 NAME STREET ADDRESS CITY, ST, ZIP	VD LAPON, NYDIA 7610 NW 186TH ST MIAMI FL 33015
12.3 NAME STREET ADDRESS CITY, ST, ZIP	
12.4 NAME STREET ADDRESS CITY, ST, ZIP	
12.5 NAME STREET ADDRESS CITY, ST, ZIP	
12.6 NAME STREET ADDRESS CITY, ST, ZIP	
12.7 NAME STREET ADDRESS CITY, ST, ZIP	
12.8 NAME STREET ADDRESS CITY, ST, ZIP	

13.1 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
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13.4 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.5 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.6 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.7 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.8 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 130.02(3)(b), Florida Statutes. I further certify that the information contained 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 incorporator or founder incorporated to make 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:

Julio A. Lapon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NYDIA LAPON
Signature

Signature