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

**CORPORATION ANNUAL REPORT** 

1998

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

TITLE NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mertham ,

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000053045 (5)

**IHOPEA ENTERPRISES, INC.** 

## **FILED** May 19 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					
•		•			
15690 S.W. 153 AVENUE Miami FL 33187		15690 S.W. 153 AVENUE MIAMI FL 33187		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				06/16/1997	
2. Principal Place of Business 28. Mailing Address 21 / 5690 900 (530 A W 26 / 5690 900 (5			RAR	4. FEI Number X 65-077/950	Applied For Not Applicable
Suite, Apt. #, etc.         Suite, Apt. #, etc.           22         27		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
		City & State	Cu	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 35/6	7 25 200 DE	29 33/87 30°	DADE	This corporation owes or has paid the corporate Property Tax due June 30.	urrent year Intangible
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WALKER, JAMES H				TON KULVINGKAS	
15690 S.W. 153 AVENUE 82 Street Address				ess (P.O. Box Number is Not Acceptable) .	
MIAMI FL 33187				90 5W 153W 1FV	<u> </u>
83					
	_		84 City 11	im, FI	
11. Pursuant to the provisions of Socions 607.0509 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 are annihing with any accept the obligations of Section 607.0505, Florida Statutes.					
SIGNATURY V Obin Musila					
Sq. to type a previous faunc of regardered and tale if applicable (NOTI Registered Agent signature required vince).  12. OFFICERS AND DIRECTORS 13.				ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D	<del>-</del>	TITLE DA	LBS OFFI	Change Addition
NAME	WALKER, JAMES H	' '	NAME I	11CTOR P. KULVING 1 5690 SW 1530 AV	743
STREET ADDRESS	15690 S.W. 153 AVENUE	1.:	STREET ADDRESS	5690 GW 1530 AV	
CITY-ST-ZIP	MIAMI FL 33187	1/2	CITY-ST-ZIP	niAM/ FC 3318	7
TITLE	<u> </u>		I TITLE		Change Addition
NAME		2.:	2 NAME		
STREET ADDRESS		2.1	S STREET ADDRESS		
CITY-ST-ZIP		2.	4 CITY-ST-ZIP		
TITLE		DELETE 3:	I TITLE		Change Addition
NAME		3:	P NAME		
STREET ADDRESS		3.5	STREET ADDRESS		

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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.

3 4. CITY - ST - ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE 4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

Change

Change

Change

Addition

\_\_\_ Addition

☐ Addition