

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90066 025 ***150.00

DOCUMENT # P99000104090

1. Entity Name
KEPTON INTERNATIONAL, CORP.

Principal Place of Business
**8262 NW SOUTH RIVER DRIVE
MEDLEY FL 33166**

Mailing Address
**8262 NW SOUTH RIVER DRIVE
MEDLEY FL 33166**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8346 -C NW. South River Dr.	3. Mailing Address 8346 -C NW. South River Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Medley, FL.	City & State Medley, FL.
Zip	Zip 33166
Country	Country

4. FEI Number 65-0966263	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable
\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
RIOS, LEOPOLDO
1800 WEST 49TH STREET
SUITE 207
HIALEAH FL 33012

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE *[Signature]* DATE **05/01/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME ARGUELLES, EMILIO N	
STREET ADDRESS 8262 NW SOUTH RIVER DRIVE	
CITY-ST-ZIP MEDLEY FL 33166	
TITLE VTD	<input type="checkbox"/> Delete
NAME ALABACI, DANIEL A	
STREET ADDRESS 8262 NW SOUTH RIVER DRIVE	
CITY-ST-ZIP MEDLEY FL 33166	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 8346 -C N.W. South River Dr.	
CITY-ST-ZIP Medley, FL. 33166.	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 8346 -C. N.W. South River Dr.	
CITY-ST-ZIP Medley, FL. 33166.	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **05-01-00** **305 863 2255-**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #