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 # 237414

(8)

Mailing Address

C/O SALLY ERTAG 1600 WEST AVE.. #401 MIAMI BEACH FL 33139-2351

2a, Mailing Address

City & State

Suite, Apt. #, etc.

FILED
Apr 21 1997 8:00am
Secretary of State

Poration Name	23/414
0000 000	

PEPIS CORP.

Principal Place of Business

2. Principal Place of Business

Sufte, Apt. #, etc.

City & State

Zip

STREET ADDRESS

CITY-ST-ZIP

C/O SALLY ERTAG 1600 WEST AVE. #401 MIAMI BEACH FL 83139

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•			H BIDII BIBII 87811 81814 1001		
	Date Incorporated or Qualified 06/10/1960	3a. Date of Last Report 04/26/1996			
	4. FEI Number		Applied For		
	59-0914450		Not Applicable		
	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
	8, This corporation has liability for	intangib	le tax under s. 199.032,		

		40				Trust rund Contribution L. Added to Fees	
	Country 25	29	Zip	30	intry	Florida Statutes Yes No	≥,
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
ERTAG, SALLY 1600 WEST AVENUE #401				81	Name		
				82	2 Street Address (P.O. Box Number is Not Acceptable)		
MIAMI BEACH FL 33139			63	3			
					84	4 City El 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, and accept the obligations of, Section 607.0505. Florida Statutes.

agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Statutes.	morrs opard of directors. Th	ereby accept the appointmen	i as ieg	yister e u
SIGNATURE	Signature, typed or printed name of registered ager	t and lete if annirophs (NOTE	Registered Agent signature requ	irod whoo relations	DATE		
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	I 13.		S TO OFFICERS AND DIREC	TORS I	N 12
TITLE	D	DELETE	1.1 TITLE	1,100,110,100,010,100,100,100,100,100,1	Chai		Addition
NAME	ROTHBAUM, ANA		1.2 NAME			-	
STREET ADDRESS	2655 COLUNS AVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIMAI BEACH FL		1.4 CITY-ST-ZIP				
TITLE	ST	DELETE	2.1 TITLE		Cha	nge [Addition
NAME	ERTAG, SALLY		2.2 NAME			_	_
STREET ADDRESS	1600 WEST AVE.		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL		2. 4 CITY+\$1-7IP				
TITLE	D	DELETE	3.1 TITLE		Chal	nge	Addition
NAME	GOLDMAN, YETTA		3.2 NAME			_	
STREET ADDRESS	230 174TH ST.		3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL		3.4. CITY-ST-ZIP		4		
TITLE	D	DELETE	4.1 TITLE		Chai	nge [Addition
NAME	ROTHBAUM, MINNIE		4. 2 NAME			_	
STREET ADDRESS	300 BAYVIEW DR.		4.3 STREET ADDRESS				
CITY-\$T-ZIP	MIAMI BEACH FL		4.4 CITY-ST-ZIP		4.		
TITLE	P	☐ DELE1E	5.1 TITLE		☐ Chai	nge _	Addition
NAME	GUMPEL, SHARON		5.2 NAME				
STREET ADDRESS	3318 OTTAWA LANE		5.3 STREET ADDRESS				
CITY-ST-ZIP	COOPER CITY FL		5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		☐ Char	nge _	Addition
NAME			6.2 NAME		•		

14. I do 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 trusted 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.

6.4 CITY - ST - ZIP

6.3 STREET ADDRESS

CR2E034 (9/96)