


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

FILED

Jan 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F10212 (1) 1. Corporation Name NUPE CORPORATION.		



Principal Place of Business 11350-55 NW SOUTH RIVER DR MEDLEY FL 33166 US	Mailing Address <del>7601 BEACH VIEW DR.</del> <del>NORTH BAY VILLAGE FL 33141</del> US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 14037 NW 88 PL
22 City & State	27 Suite, Apt. #, etc.
23 Zip	28 Miami FL
24 Country	29 33018
25	30 USA.

3. Date Incorporated or Qualified 11/06/1980	4. FEI Number 59-2374927
5. Certificate of Status Desired <input type="checkbox"/>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
HERNANDEZ, ALBA 7601 BEACH VIEW DR. NORTH BAY VILLAGE FL 33141	

10. Name and Address of New Registered Agent	
81 Name	Hernandez Pedro
82 Street Address (P.O. Box Number is Not Acceptable)	14037 NW. 88 PL.
83	
84 City	Miami
85 Zip Code	FL 33018

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 Pedro Hernandez 1-15-98  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HERNANDEZ, PEDRO
STREET ADDRESS	7601 BEACH VIEW DR.
CITY-ST-ZIP	NORTH BAY VILLAGE FL
TITLE	SD
NAME	HERNANDEZ, ALBA
STREET ADDRESS	7601 BEACH VIEW DR.
CITY-ST-ZIP	NORTH BAY VILLAGE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/DIST
1.2 NAME	Hernandez, Pedro
1.3 STREET ADDRESS	14037 NW. 88 PL.
1.4 CITY-ST-ZIP	Miami FL. 33018
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 of 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.

SIGNATURE: Pedro Hernandez 1-15-98 305-8820009  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

CH2E034 (10/97)