

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

FILED  
Mar 20 1997 8:00am  
Secretary of State

DOCUMENT # F20143 (6)

1. Corporation Name  
HAPPY PAPPY SUBS INC.



Principal Place of Business  
% JOSE DA SILVA  
4531 GRIFFIN ROAD  
FORT LAUDERDALE FL 33314-4762

Mailing Address  
% JOSE DA SILVA  
4531 GRIFFIN ROAD  
FORT LAUDERDALE FL 33314-4762

3. Date Incorporated or Qualified 02/18/1981	3a. Date of Last Report 04/09/1996
4. FEI Number 59-2066136	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

SILVA, JOSE DA  
4531 GRIFFIN ROAD  
FORT LAUDERDALE FL

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	SILVA, JOSE	12 NAME	
STREET ADDRESS	10062 SW 55 LANE	13 STREET ADDRESS	
CITY, ST, ZIP	COOPER CITY FL	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	
NAME	SILVA, MARIA	22 NAME	
STREET ADDRESS	10062 SW 55 LANE	23 STREET ADDRESS	
CITY, ST, ZIP	COOPER CITY FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	
NAME	MAURICE, MARLENE K.	32 NAME	
STREET ADDRESS	22881 SOUTHWEST 84TH AVE	33 STREET ADDRESS	
CITY, ST, ZIP	DAVIE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	
NAME	BURWELL, CHRISTINA	42 NAME	
STREET ADDRESS	10515 S.W. 52ND ST.	43 STREET ADDRESS	
CITY, ST, ZIP	COOPER CITY FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY-ST-ZIP	

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 is stated 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.

SIGNATURE: 3-13-97 954 581-6756  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)