FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 APR 11 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F54125** **(2)**

1. Corporation Name
NEPTON OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1384 HERITAGE ACRES BOULEVARD SUITE A ROCKLEDGE FL 32944 US	1384 HERITAGE ACRES BOULEVARD SUITE A ROCKLEDGE FL 32955 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/10/1981	3a. Date of Last Report: 07/05/1994
4. FEI Number: 59-2139888	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~BAR-NAVON, HAIM~~
~~1356 RICHWOOD CIR~~
~~ROCKLEDGE FL 32955~~

10. Name and Address of New Registered Agent

81 Name: COPROLITE CORPORATION
82 Street Address (P.O. Box Number is Not Acceptable):
83: 1 (ONE) SOUTHEAST 3RD (THIRD) AVE # 1400-A
84 City: MIAMI FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: Melvin F. Frankel, President DATE: 4/5/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VSD	1.1 TITLE	PRESIDENT & DIRECTOR	☒ Change ☐ Addition
NAME	BAR-NAVON, HAIM	1.2 NAME	HAIM BARNAVON	
STREET ADDRESS	1356 RICHWOOD CIRCLE (CHANGED)	1.3 STREET ADDRESS	1384 HERITAGE ACRES BLVD # A	
CITY-ST-ZIP	ROCKLEDGE FL	1.4 CITY-ST-ZIP	ROCKLEDGE, FL. 32955	
TITLE	PTD	2.1 TITLE	V.P. & ASS. SEC. & DIRECTOR	☐ Change ☒ Addition
NAME	BUENO, MORAN, TATIANA	2.2 NAME	CARLA JACKSON	
STREET ADDRESS	MONTES URALES 774-1 (REMOVED)	2.3 STREET ADDRESS	(1) ONE S.E. 3RD (THIRD) AVE. # 1400-A	
CITY-ST-ZIP	MEXICO 10, D F 00000	2.4 CITY-ST-ZIP	MIAMI, FL. 33131	
TITLE		3.1 TITLE	SECRETARY & DIRECTOR	☐ Change ☒ Addition
NAME		3.2 NAME	ARIONE RIEHARD	
STREET ADDRESS		3.3 STREET ADDRESS	1 (ONE) S.E. 3RD AVE, # 1400-A	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL. 33131	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ 4/5/95 (407) 690 2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0071064 CP