

FILE NOW: FILING FEE AFTER MAY 1 IS \$226.00 / 150.00

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. McInham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JAN 28 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # FS4698

1. Corporation Name

PEPA CORPORATION

Principal Place of Business

Mailing Address

3146 Prairie Ave.
Miami Beach, FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12-15-81

3a. Date of Last Report
7/13/98

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

25. Country

28. Zip

30. Country

4. FET Number
59-2265120

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. 193.02,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name

Laurence J. Rohon

82. Street Address (P.O. Box Number is Not Acceptable)

4675 Ponce de Leon Blvd.

83. Suite

Suite 302

84. City

Coral Gables

FL

85. Zip Code

33146

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 I accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required if not a Director)

Signature of Agent (Required if not a Director)

1/25/99

12. OFFICERS AND DIRECTORS

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST, ZIP

P/D
MANUEL PARIS
3146 PRAIRIE AVE
MIAMI BEACH, FL 33140

12.5 TITLE

12.6 NAME

12.7 STREET ADDRESS

12.8 CITY, ST, ZIP

12.9 TITLE

12.10 NAME

12.11 STREET ADDRESS

12.12 CITY, ST, ZIP

12.13 TITLE

12.14 NAME

12.15 STREET ADDRESS

12.16 CITY, ST, ZIP

12.17 TITLE

12.18 NAME

12.19 STREET ADDRESS

12.20 CITY, ST, ZIP

12.21 TITLE

12.22 NAME

12.23 STREET ADDRESS

12.24 CITY, ST, ZIP

13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST, ZIP

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****150.00 ****150.00

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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:

MANUEL PARIS Pres/Dir
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 1/26/99 99 AM

Manuel Paris 1/25/99 534-4445