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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500006168 (7)

MIGUEL KAUPERT, INC.

Principal Place of Business Mailing Address			<u></u>			-
23532 EL TORO SUITE 12 EL TORO CA S		23532 EL TORO RD SUITE 12 EL TORO CA 92630-4703	SUITE 12			
						3. Date Incorporated or Qualified 12/19/1995 3a. Date of Last Report 03/13/1996
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				95-3685065 Not Applicab
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required See Required
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Ζφ	Country	Zip Country		· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29 30			Florida Statutes Yes 🔀 No	
	9. Name and Address of Currer	nt Registered Agent		241		10. Name and Address of New Registered Agent
	PERT, MIGUEL			81	Name	
	CRANDON BLVD #166 BISCAYNE FL 33149		82 Street Ad		Street Addre	sss (P.O. Box Number is Not Acceptable)
				83		
				84	City	FL 85 Zip Code
11. Pursuant to the provision 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, it am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature to the provision of Sections 607.0502 and 607.0505. Florida Statutes agent and statutes agent and statutes. (NOTE: Registered Agent signature required when reinstating)						
12,		ID DIRECTORS	13.	Ape	us eignature reduse	d when reinstalling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE #	CPD	DELETE	1.1 T(T	LE		Change Addition
NAME	KAUPERT, MIGUEL	— ******	1.2 NA			
STREET ADDRESS	201 CRANDON BLVD #166				ADDRESS	
City - St - ZiP	KEY BISCAYNE FL 33149		1.4 CIT			
TITLE	VCVS	DELETE	2.1 TIT			Change Addition
NAME	KAUPERT, SILVIA		2.2 NAI	ME		
STREET ADDRESS	201 CRANDON BLVD #166			2.3 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL 33149		2.4 01	TY-S	ST-71P	
TITLE	TD	☐ DELETE	3.1 TIT	LE		Change Addition
NAME	KAUPERT, SILVIA		3.2 NAI	ME		
STREET ADDRESS	201 CRANDON BLVD #166				ADDRESS	
CITY - ST - ZIP	KEY BISCAYNE FL 33149	☐ DELETE	3.4. CIT		ST-ZIP	. Change . Addition
TITLE		☐ ntreit	4.1 TIT			Change Addition
NAME OTHERY ADDRESS			4, 2 NA		ADDRESS	
STREET ADDRESS CITY-ST-ZIP			4.4 CIT			
TITLE		☐ DELETE	5.1 TiT		1 44	☐ Change ☐ Additio
NAME			5.2 NAI			
STREET ADDRESS	i :				ADORESS	
CITY-ST-ZIP			5.4 CIT			
TITLE		DELETE	6.1 TIT			Change Addition
NAME			6.2 NA	ME		
STREET ADDRESS			6.3 STF	REET .	ADDRESS	
CITY-ST-7IP			6.4 CIT			
informatio	on indicated on this annual report or :	supplemental annual report is:	true and a	CCU	rrate and that r	in Section 119.07(3)(i), Florida Statutes. I further certify that the my signature shall have the same legal effect as if made under oath; the same legal effect as if made under oath; the legal effect as if
appears i	n Block 12 or Block 13 if changed, o	r the receiver or trustee empor or on an attachment with an ad	idress.	vac:	ore this report	as required by Chapter 607, Florida Statutes; and that my name