

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 28 PM 4:15

CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # G29550**

**(2)**

1. Corporation Name

**KOPPER REALTY, INC.**

Principal Place of Business

**12109 S.W. 114 PLACE  
MIAMI FL 33176**

Mailing Address

**11716 SW 90 TERR  
MIAMI FL 33186  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/02/1983**

3a. Date of Last Report

**03/16/1994**

4. FEI Number

**59-2261080**

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

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

Zip

Country

24

25

29

30

B. Name and Address of Current Registered Agent

**KOPPER, MAYDA  
11716 S.W. 90TH TERRACE  
MIAMI FL 33186**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5

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 agent 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

(Signature of Registered Agent or Registered Agent and the Corporation)

(Date Registered Agent (Signature Required when Registered)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME

PD

**KOPPER, MAYDA**

**11716 S.W. 90TH TERRACE**

**MIAMI, FL 00000**

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I 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)(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 on the date 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 of this report, or on an attachment with an address.

SIGNATURE:

*Mayda Kopper*  
SIGNATURE AND PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

*2/21/95 (305) 279-0043*  
DATE (Signature Required)