

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

FILED

**Jan 29 1997 8:00am
Secretary of State**

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # G82432 (7)

1. Corporation Name
HARPER CORPORATION



| | |
|--|---|
| Principal Place of Business 6039 COLLINS AVENUE #905 MIAMI BEACH FL 33140 US | Mailing Address 6039 COLLINS AVENUE #905 MIAMI BEACH FL 33140-2251 US |
|--|---|

| | | | |
|--|---|--|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 | 3. Date Incorporated or Qualified 12/08/1983 | 3a. Date of Last Report 01/29/1996 |
|--|---|--|--|

| | |
|--|--|
| 4. FEI Number 59-2345701 | Applied For <input type="checkbox"/> 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 | |

9. Name and Address of Current Registered Agent

**AGUILERA, ANTONIO M., ESQ.
815 PONCE DE LEON BLVD.
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|---------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | PAEZ, RICARDO H | |
| STREET ADDRESS | 6039 COLLINS AVENUE #905 | |
| CITY - ST - ZIP | MIAMI BEACH FL 33140 | |
| TITLE | DVP | <input type="checkbox"/> DELETE |
| NAME | RAZZOTTI, ANTONIO D | |
| STREET ADDRESS | 815 PONCE DE LEON BLVD. | |
| CITY - ST - ZIP | CORAL GABLES FL 33134 | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | RODRIGUEZ, EDUARDO | |
| STREET ADDRESS | 815 PONCE DE LEON BLVD. | |
| CITY - ST - ZIP | CORAL GABLES FL 33134 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | AGUILERA, ANTONIO M | |
| STREET ADDRESS | 815 PONCE DE LEON BLVD. | |
| CITY - ST - ZIP | CORAL GABLES FL 33134 | |
| TITLE | ASD | <input type="checkbox"/> DELETE |
| NAME | RODRIGUEZ, CARLOS | |
| STREET ADDRESS | 815 PONCE DE LEON BLVD. | |
| CITY - ST - ZIP | CORAL GABLES FL 33134 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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 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: *[Signature]* P. D. January 23rd, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)