

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # J87843

1. Corporation Name
E.P.I.S., INC.

Principal Place of Business: **7331 WEST FLAGLER STREET SECOND FLOOR MIAMI, FL 33144**
 Mailing Address: **8357 WEST FLAGLER STREET SUITE #128 MIAMI, FL 33144**

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country
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3. Date Incorporated or Qualified: **08-14-87**
 3a. Date of Last Report: **1995**
 4. FEI Number: **65-0027484**
 5. Certificate of Status Desired: **XX** \$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. 193.03, Florida Statutes: Yes **XX** No

9. Name and Address of Current Registered Agent
**GALLENO JOSE L.
 7331 WEST FLAGLER STREET
 MIAMI, FLORIDA 33144**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Numbers Not Acceptable)
 83
 84 City
 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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 agree to, the obligations of Section 607.0505, Florida Statutes.
J.L. GALLENO
 5/15/96

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	GALLENO GWYN DIRECTOR	<input checked="" type="checkbox"/> DELETE
NAME	GALLENO GWYN	
STREET ADDRESS	8357 WEST FLAGLER ST #128	
CITY, ST, ZIP	MIAMI, FLA 33144	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	J.L. GALLENO DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	J.L. GALLENO	
13 STREET ADDRESS	7331 WEST FLAGLER STREET 2ND FLOOR	
14 CITY, ST, ZIP	MIAMI, FLORIDA 33144	
21 TITLE	ELIZABETH MARTINEZ DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ELIZABETH MARTINEZ	
23 STREET ADDRESS	7331 WEST FLAGLER STREET 2ND FLOOR	
24 CITY, ST, ZIP	MIAMI, FLORIDA 33144	
31 TITLE	LUIS A GALLENO DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	LUIS A GALLENO	
33 STREET ADDRESS	7331 WEST FLAGLER STREET 2ND FLOOR	
34 CITY, ST, ZIP	MIAMI, FLORIDA 33144	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE	200001875452	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	-06/25/96--01141--014	
53 STREET ADDRESS	***225.00	
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 and 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, as an attachment with an address.

SIGNATURE: _____ J.L. GALLENO RA/DIR/SH 5/15/96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **GALLENO**

CR2E034 (12/95)