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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L88502

(4)

## **FILED** Apr 27 1998 8:00am Secretary of State

WALPEX TRADING CO., INC.					
	·			) 1001) 011 011 011 1010 1010 1010 1010	HI BIBIL BIBIL BIBIL BIBIL BIBIL HABI
Principal Place	o of Business	Mailing Address			
· ·	-	•			
2665 S BAYSHORE DR 2665 S BAYSHORE DR STE 608					
MIAMI FL 33133		MIAMI FL 33133		DO NOT WRITE IN	THIS SPACE
US		υS		3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0212555	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	<del></del>	6. Election Campaign Financing	\$5.00 May Be
23 Cocon	ut Grove, FL	28 Coconut Gro		Trust Fund Contribution	
L Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29 3	0]	Personal Property Tax due June 30.	
<u> </u>	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Regist	tered Agent
PIRAINO, F. WALTER 2665 S BAYSHORE DR			P	Piraino, Frank Walter	
SUITE 608			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	MI FL 33133		83		
			84 City		FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.0503	2 and 607 1508 Florida Statutes		conut Grove	
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.					
agent. La	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	da Statutes		İ
SIGNATURE	Signature, typed or printed name of registered ager	ALOTE: E	Registered Agent eignature req	ulted when (directation)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	D	DELETE		President	Change ☐ Addition
NAME	PIRAINO, F. WALTER		1.2 NAME	Piraino, Frank Walter	
STREET ADDRESS	2665 S BAYSHORE DR SUITE	608	1.3 STREET ADDRESS	rifaino, if ank warter	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4, 2 NAME		Í
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME :			6.2 NAME		
STREET ADDRESS		İ	6.3 STREET ADDRESS		ļ
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

I 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: