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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

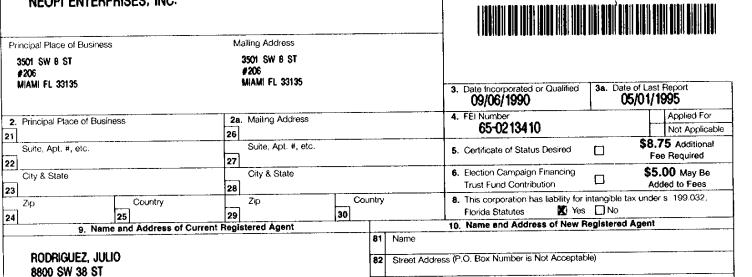
Secretary of State DIVISION OF CORPORATIONS

1996

MIAMI FL

DOCUMENT #

1. Corporation Name NEOPI ENTERPRISES, INC.



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.

R3

84 City

SIGNATURE DATE						
Signature, typed or printed name of registered agont and title if applicable. (NOTE: Hegistered Agont signature registered when tensionly						3S IN 12
12.	OFFICERS AND DIRECTORS	DELETE	13.	ABBINONS/GRANGES TO GITTE	Change	☐ Addition
TITLE	· · •	DEFEIF	1, 1 TITLE	<u> </u>		
NAME	OROZCO, OCTAVIO		1.2 NAME			
STREET ADDRESS	3501 SW 8 ST #206		1.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL		14 CITY - ST - ZIP		Change	Addition
TITLE	**] DELETE	2. 1 TITLE	Pro	Change	Madition
NAME	OROZCO, NELLY		2 2 NAME	OROTCO, NELLY 3501 SW 857 \$206		
STREET ADDRESS	3501 SW 8 ST #206		2.3 STREET ADDRESS	3501 SW 858 4206		
CITY-ST-ZIP	MIAMI FL		2 4 CITY-ST-ZIP	MIAMI-FL 33131		
TITLE	VD [] DELETE	3 1 TITLE		Change	Addition
NAME	Fernandez, Luis		3.2 NAME			
STREET ADDRESS	3501 SW 8 ST #206		3.3. STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		3.4 CITY - ST - ZIP			
THILF		DELETE	4. 1 TITLE		Change	Addition
NAME			4.2 NAME			
STREET ADDRESS			43 STREET ADDRESS			
			4.4 CITY - ST - ZIP			
CITY-ST-ZIP TITLE	,	DELETE	5 1 TITLE		☐ Change	Addition
	`		5 2 NAME	1		
NAME			5.3 STREET ADDRESS			
STREET ADDRESS			54 CHY-ST-ZIP			
CITY - ST- ZIP		DELETE	6. 1 TITLE		Change	■ Addition
TITLE		L, DCCLTC	6.2 NAME		_	
NAME						
STREET ADDRESS			6.3 STREET ADDRESS			
CHTY-ST-ZIP			6.4 CITY-ST-ZIP	self for the exemption stated in Section 119 (37/2VIA Florida Statut	toe I further

11. 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 certify 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 or on an attachment with an address

SIGNATURE:

Date

Daylone Proce I

85

Zip Code