## 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 # M2936

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VELPER CORPORATION											
			DRATION						E 1814 didia didia	Delist olon	AIAII 5(6)( 1 <b>41</b> )
				;							
Principal Place of Business				Mailing Address				E ABRA WIDIO DIDII	DERF DIVI	#1811 B1811 1881	
1660 W. FLAGLER STREET -1647 SW 27TH AVENUE MIAMI F 33135				C/O LESTER G. KATES. ESO. 1647 SW 27TH AVENUE MIAMI FL 33145			Date incorporated or Qualified	3a. Date o	of Last R	eport	
	US							03/24/1986	05/	01/19	95
2.	2. Principal Place of Business			2a. Mailing Address			4. FEI Number		L	Applied For	
21				26 2655 LeJeune Road			59-2651926 Not Applicable				
22	Surte, Apt. #, etc.			Suite: Apt. #, etc. 27 807			5. Certificate of Status Desired		4	Additional Required	
23	City & State			City & State	City & State  28 Coral Gables, Florida			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
	l Zip				untry		8. This corporation has liability for intangible tax under s 199.032,				
24	]		25	29 33134	~~~~	US/			□No		
g. Name and Address of Cu			and Address of Currer				10. Name and Address of New Registered Agent				
						81	Name				
		Lester G / 27th av		82 Street Andre Gables			ess (P.O. Box Number is Not Acceptable) S International Plaza, Suite 807				
	MIAMI F		LINOL	RS			LeJeune Road		<del></del>		
						84	L	Gables	EI.	85 Z	3134
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 subhorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the Abigations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, ILESTIT Rangel reskATES and IRSO calds. NOTE: Registered Agent signature required when reinstating.											registered office diagent. I am
1:			OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND I	DIRECTO	DRS IN 12
-	TLE	STD		DELETE	1.1	TITLE	,			Change	neitibbA [
N/	AME	VELAZO	QUEZ, INOCENCIO		1,2 (	NAME					
Si	IREET ADDRESS	1685 C	LEVELAND RD.		1.3 5	STREET	ADDRESS				
CI	TY-ST- <i>ZI</i> P	MIAMI	BCH. FL		1.4 9	CITY-S	ST - ZIP				
10	TLF	PD		☐ DEFEIE	2 1	117 L.E.	1			Change	Addition
N/	AME		A, VICTORIANO		221	NAME		•			
ST	FREET ADDRESS		W 75 ST.		23	STREET	ADDRESS				
CI	TY-ST-7iF	MIAMI	FL		241	CHY-S	31 - ZIP				
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N/	AME				321	NAME					
S	freet address				3.3	STREE	T ADDRESS				
C	ITY-S1-7₽				341	CITY-S	ST-ZIP				
11	TLE			DELEYE	4. 1	TITLE				Change	[] Addition
N.	AME				421	NAME		90000181	3534	9	
S	TREET ADDRESS				4.3	STREET	I ADORESS	90000183 -05/22/96010	<u> 194</u> กล	5	
C	ITY-\$1-7IP				4.4	CHIY-S	\$1 - ZIP	***200.00		-	
****	TLE			[] DELETE	5 1	TITLE		WASTERN FOR		Change	☐ Addition

64 CITY-SI-7iP

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 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.

5.2 NAME

6. 1 TITLE

6.2 NAME

5.3 STREET ADDRESS 5.4 CHY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-S1-ZIF

TITLE

NAME

NAME OF PRINTED HAMF OF SIGNING OFFICER OR DIRECTOR

DELETE

4-J-96

Daytime Phone #

Change

Addition