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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M34320

(5)

1. Corporation Name
SURPO, INC.



Principal Place of Business

Mailing Address

**4795 WEST FLAGLER ST.
MIAMI FL 33126**

**4795 WEST FLAGLER ST.
MIAMI FL 33126**

3. Date Incorporated or Qualified

06/26/1986

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOPEZ, FELIX
4795 WEST FLAGLER STREET
MIAMI FL 33134**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1505, 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]

(NOTE: Registered Agent signature required when not filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME
**DP
LOPEZ, FELIX
4795 WEST FLAGLER ST.
MIAMI FL**

1.2 NAME ☐ CHANGE ☐ ADDITION

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ CHANGE ☐ ADDITION

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ CHANGE ☐ ADDITION

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ CHANGE ☐ ADDITION

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ CHANGE ☐ ADDITION

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ CHANGE ☐ ADDITION

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

7.1 TITLE ☐ CHANGE ☐ ADDITION

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

8.1 TITLE ☐ CHANGE ☐ ADDITION

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

9.1 TITLE ☐ CHANGE ☐ ADDITION

9.2 NAME

9.3 STREET ADDRESS

9.4 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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Felix Lopez Director

(305) 448-6666
DUPLO-PRINT

CR2E034 (12/95)