

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 27 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P35926 (5)

1. Corporation Name

PIPMWOOD INVESTMENTS, LIMITED COMPANY

Principal Place of Business

**801 BRICKELL AVE
STE 1301
MIAMI FL 33131**

Mailing Address

**801 BRICKELL AVE
STE 1301
MIAMI FL 33131**

900001466559

-04/27/95--01042--001

*****10000.00 *****200.00**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1991

3a. Date of Last Report

03/24/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$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. 199.002,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**HUDSON, ROBERT F., JR.
701 BRICKELL AVENUE, SUITE 1800
BARNETT TOWER
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

John S. Sullivan

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

801 Brickell Avenue

83

Suite 1301

84

**City
Miami**

FL

85

Zip Code

33131

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.

SIGNATURE

John S. Sullivan

John S. Sullivan

April 18, 1995

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**D
WORLDWIDE CORP. SER. INC
P.O. BOX 71 N/A
ROAD TOWN, TORT., BV**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**P
ALFARO, HORACIO
AVENIDA FEDERICO BOYD 33
PANAMA 1, PANAMA**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**S
RAMIREZ, ALFREDO
AVENIDA FEDERICO BOYD 33
PANAMA 1, PANAMA**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

P

Abdiel Mansfield

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

S

Heriberto Ledezma

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

☐ Change ☐ Addition

APR 4/97

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 110.07(3)(b), 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 or powerholder to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Abdiel Mansfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Abdiel Mansfield

(305) 381-8340