

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P92000000605 (5)

1. Corporation Name

ERPE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -2 AM 8:58

Principal Place of Business

7547 NW 52ND ST.
MIAMI FL 33166
US

Mailing Address

7547 NW 52ND ST.
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1992

3a. Date of Last Report

08/02/1994

4. FEI Number

65-0386683

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. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

9. Name and Address of Current Registered Agent

POUCET, FRANCOIS
7547 NW 52ND ST.
MIAMI FL 33166

10. Name and Address of New Registered Agent

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 607.0502 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

Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when terminating

(SEE)

12. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	POUCET, FRANCOIS
STREET ADDRESS	3730 ESTEPONA AVE.
CITY - ST - ZIP	MIAMI FL 33178
TITLE	V
NAME	POUCET, NATALIE S.
STREET ADDRESS	3730 ESTEPONA AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	V
NAME	BIASLOW, FABRIZIO
STREET ADDRESS	157-51 TWENTIETH AVE.
CITY - ST - ZIP	WHITESTONE NY
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

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	5845 COLLINS AVENUE, #202
14 CITY - ST - ZIP	MIAMI BEACH, FL. 33140
21 TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	5845 COLLINS AVENUE #202
24 CITY - ST - ZIP	MIAMI BEACH, FL. 33140
31 TITLE	☒ Change ☐ Addition
32 NAME	NO LONGER A
33 STREET ADDRESS	DIRECTOR
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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 the 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCOIS POUCET

06/22/95

(305) 597-9993