

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000000605 (5)

1. Corporation Name
ERPE, INC.

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

2. Principal Place of Business	2a. Mailing Address
21 8405 N.W. 74 STREET	26 8405 N.W. 74 STREET
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State MIAMI, FLORIDA	28 City & State MIAMI FLORIDA
24 Zip 33166	29 Zip 33166
25 Country USA	30 Country

3. Date Incorporated or Qualified 10/26/1992	4. FEI Number 65-0386683	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
POUCET, FRANCOIS 7547 NW 52ND ST. MIAMI FL 33166		81 Name POUCET, Francois	
		82 Street Address (P.O. Box Number is Not Acceptable) 8405 NW 74 STREET	
		83	
		84 City MIAMI FLORIDA FL	
		85 Zip Code 33166	

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1.1 TITLE	DPST
NAME	POUCET, FRANCOIS	1.2 NAME	POUCET, FRANCOIS
STREET ADDRESS	7547 NW 52 ST	1.3 STREET ADDRESS	101 NW 108 Terrace #107
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Pembroke Pines, FL 33026
TITLE	V	2.1 TITLE	V
NAME	POUCET, NATALIE S.	2.2 NAME	POUCET, Natalie S.
STREET ADDRESS	7547 NW 52 ST	2.3 STREET ADDRESS	101 NW 108 Terrace #107
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Pembroke Pines, FL 33026
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0220524

CR2E034 (10/97)