

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90108 005 ***150.00

0130635

DOCUMENT # P92000000605

1. Corporation Name
ERPE, INC.



Principal Place of Business

8405 NW 74TH STREET
MIAMI FL 33166
US

Mailing Address

8405 N.W. 74TH STREET
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1992

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 5901 NW 151 STREET

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 203

City & State

23 MIAMI LAKES, FLORIDA

Zip

24 33014

Country

25 U.S.A.

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

POUCET, FRANCOIS
8405 NW 74TH STREET
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

POUCET, Francois

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

5901 NW 151 STREET

83

203

84 City

MIAMI LAKES

FL

85 Zip Code

33014

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

TITLE DPST ☐ DELETE

NAME
POUCET, FRANCOIS
STREET ADDRESS
101 NW 108TH TERRACE #107
CITY-ST-ZIP
PEMBROKE PINES FL 33026

TITLE V ☐ DELETE

NAME
POUCET, NATALIE S.
STREET ADDRESS
101 NW 108TH TERRACE #107
CITY-ST-ZIP
PEMBROKE PINES FL 33026

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPST ☒ Change ☐ Addition

1.2 NAME
POUCET, Francois
1.3 STREET ADDRESS
20709 NW 1ST STREET
1.4 CITY-ST-ZIP
PEMBROKE PINES, FL. 33029

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME
POUCET, Natalie S.
2.3 STREET ADDRESS
20709 N.W. 1ST STREET
2.4 CITY-ST-ZIP
PEMBROKE PINES, FL. 33029

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE REINSTATED POUCET

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/99 (305) 588 8680

Date

Daytime Phone #

CR2E034 (1/198)