

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P93000009317 (7)

1. Corporation Name
BEEPERIA, INC.

95 JAN 13 AM 9:39

Principal Place of Business
3809 S.W. 82ND AVENUE
SUITE 22
MIAMI FL 33155

Mailing Address
3809 S.W. 82ND AVENUE
SUITE 22
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/08/1993

3a. Date of Last Report
02/18/1994

4. FEI Number
65-0403313

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
21. 8165 S.W., 40th St.
State, Apt. #, etc.

2a. Mailing Address
26. 8165 S.W., 40th St.
State, Apt. #, etc.

23. MIAMI, FL.

27. MIAMI, FLORIDA

24. 33155
25. U.S.A.

29. 33155
30. U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IRIGROYEN, RAMON G
3809 S.W. 82ND AVE.
SUITE 22
MIAMI FL 33155

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 607.002 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Ramon G. Irigoyen

By: (If Incorporated Agent, agent or registered agent firm, State)

1-6-95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

1. TITLE: PSD
2. NAME: IRIGROYEN, RAMON G
3. STREET ADDRESS: 3809 S.W. 82ND AVE. #22
4. CITY, ST, ZIP: MIAMI FL 33155
5. TITLE: VTD
6. NAME: IRIGROYEN, ESTHER B
7. STREET ADDRESS: 3809 S.W. 82ND AVE. #22
8. CITY, ST, ZIP: MIAMI FL 33155

1. TITLE: ☒ Change ☒ Addition
2. NAME: NINOSKA ABAUNZA
3. STREET ADDRESS: 8165 S.W., 40 St.
4. CITY, ST, ZIP: MIAMI, FLORIDA, 33155
5. TITLE: ☐ Change ☐ Addition
6. NAME: ☐ Change ☐ Addition
7. STREET ADDRESS: ☐ Change ☐ Addition
8. CITY, ST, ZIP: ☐ Change ☐ Addition
9. NAME: ☐ Change ☐ Addition
10. STREET ADDRESS: ☐ Change ☐ Addition
11. CITY, ST, ZIP: ☐ Change ☐ Addition
12. NAME: ☐ Change ☐ Addition
13. STREET ADDRESS: ☐ Change ☐ Addition
14. CITY, ST, ZIP: ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.01(2), Florida Statutes. I further certify that the information is also in the annual report or supplemental annual report as then and as amended 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 person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my report appears on the back of this filing or is incorporated by an attachment with an affidavit.

SIGNATURE:

Ramon G. Irigoyen (PSD)
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR
RAMON G. IRIGROYEN

PSD

1-6-95

(305) 266-6660