

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000061386 (7)

1. Corporation Name

HIPER WORLDWIDE, INC.

Principal Place of Business

**13885 SW 84TH ST
MIAMI FL 33183**

Mailing Address

**13885 SW 84TH ST
MIAMI FL 33183**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0434975

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

9. Name and Address of Current Registered Agent

**SALINAS, JUAN
13885 SW 84TH ST
MIAMI FL 33183**

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 of person named as registered agent and the corporation.

Signature of person named as registered agent and the corporation.

12. OFFICERS AND DIRECTORS

TITLE

DP

NAME

CUENTAS, EFRAIN

STREET ADDRESS

% 13885 SW 84 TH ST

CITY, ST, ZIP

MIAMI FL 33183

TITLE

DST

NAME

CUENTAS, TERESA

STREET ADDRESS

% 13885 SW 84 TH ST

CITY, ST, ZIP

MIAMI FL 33183

TITLE

DV

NAME

SALINAS, EDGAR

STREET ADDRESS

% 13885 SW 84 TH ST

CITY, ST, ZIP

MIAMI FL 33183

TITLE

DV

NAME

PHUCKER, GUSTAVO

STREET ADDRESS

% 13885 SW 84 TH ST

CITY, ST, ZIP

MIAMI FL 33183

TITLE

DV

NAME

MICHAELLES, GUSTAVO

STREET ADDRESS

% 13885 SW 84 TH ST

CITY, ST, ZIP

MIAMI FL 33183

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY, ST, ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY, ST, ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY, ST, ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY, ST, ZIP

SALINAS TERESA

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.0304, Florida Statutes. I further certify that the information indicated on the 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:

Teresa Salinas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95 (305)388-7510