

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000077546 (8)

1. Corporation Name

PEPR, CORP.



Principal Place of Business

3049 N.W. 82ND AVE.
MIAMI-FL 33122

Mailing Address

~~3049 N.W. 82ND AVE.~~
~~MIAMI-FL 33122~~

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt #, etc.
22 City & State
23 Zip Country
24 25
26 ACG-G10-1
27 Suite, Apt #, etc.
28 P. O. BOX 524263
29 City & State
30 MIAMI, FLORIDA
31 Zip Country
32 33152-4263 34 US

3. Date Incorporated or Qualified

11/09/1993

3a. Date of Last Report

04/07/1995

4. FEI Number

65-0454050

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. 193.032
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARTIN-HIDALGO, MARGARITA
101 CRANDON BOULEVARD # 478
KEY BISCAYNE FL 33149

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 or officer or director)

(If the Registered Agent's signature is required, attach her statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PSTD
STREET ADDRESS MARTIN-HIDALGO, MARGARITA
CITY-ST-ZIP 101 CRANDON BOULEVARD # 478
KEY BISCAYNE FL 33149
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
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME PVPSTD
1.3 STREET ADDRESS MARTA MORALES
1.4 CITY-ST-ZIP CARR. SALVADOR, SAN RAFAEL I
GUATEMALA, GUATEMALA, C.A.
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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

JULY 29, 1996

Date

Day/Month/Year

CR2E034 (12/95)