FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P93000078420 (5)

1. Corporation Name
AMERIPAR CORPORATION

Principal Place of Business
13295 SW 124TH ST
MIAMI FL 33186

Mailing Address
13295 SW 124TH ST
MIAMI FL 33186

2. Principal Place of Business	2a. Mailing Address
21 5508 WATER OAK PL	26 5508 WATER OAK PL
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: TAMARAC, FL	28 City & State: TAMARAC, FL
24 Zip: 33319 / 25 Country:	29 Zip: 33319 / 30 Country:

3. Date Incorporated or Qualified: 11/12/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0448157 ☐ 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

FERNANDEZ, EDUARDO
520 BRICKELL KEY DR
SUITE 305
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: JOEL CALIXTO DE MENEZES
82 Street Address (P.O. Box Number is Not Acceptable): 5508 WATER OAK PLACE
83
84 City: TAMARAC 85 FL Zip Code: 33319

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	DP	☐ DELETE
NAME	CALIXTO DE MENEZES , JOEL	
STREET ADDRESS	13295 SW 124TH ST	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	S	☐ DELETE
NAME	SOCHER, CIRLENE	
STREET ADDRESS	% 13295 SW 124TH ST	
CITY-ST-ZIP	MIAMI FL 33186	
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		
1.3 STREET ADDRESS	5508 WATER OAK PL	
1.4 CITY-ST-ZIP	TAMARAC, FL 33319	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	5508 WATER OAK PL	
2.4 CITY-ST-ZIP	TAMARAC, FL 33319	
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		

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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

Date: SG 4-23-96

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