

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 # **P94000029229 (9)**

1. Corporation Name

NEPCO INTERNATIONAL, CORP.

Principal Place of Business

**2184 N.W. 89TH PLACE
MIAMI FL 33172**

Mailing Address

**2184 N.W. 89TH PLACE
MIAMI FL 33172**



2. Principal Place of Business		2a. Mailing Address	
21	8803 NW 23 STREET	26	7821 SW 95 ST
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	MIAMI, FLORIDA	28	MIAMI, FLORIDA
Zip	Country	Zip	Country
24	33172	29	33156
25		30	

3. Date Incorporated or Qualified 04/18/1994	3a. Date of Last Report 07/03/1995
4. FEI Number 65-0482163	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PONS, MARTIN E
169 EAST FLAGLER STREET, STE. 1517
MIAMI FL 33131**

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 and title, if applicable

(NOTE: Registered Agent signature required when running)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. 1 TITLE	D XXXX Change <input type="checkbox"/> Addition
NAME	RIPOLL, FRANCISCO	1. 2 NAME	RIPOLL, FRANCISCO
STREET ADDRESS	2184 N.W. 89TH PLACE	1. 3 STREET ADDRESS	7821 SW 95 ST.,
CITY-ST-ZIP	MIAMI FL 33172	1. 4 CITY-ST-ZIP	MIAMI, FL 33156
TITLE		2. 1 TITLE	
NAME		2. 2 NAME	
STREET ADDRESS		2. 3 STREET ADDRESS	
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	
TITLE		3. 1 TITLE	
NAME		3. 2 NAME	
STREET ADDRESS		3. 3 STREET ADDRESS	
CITY-ST-ZIP		3. 4 CITY-ST-ZIP	
TITLE		4. 1 TITLE	
NAME		4. 2 NAME	
STREET ADDRESS		4. 3 STREET ADDRESS	
CITY-ST-ZIP		4. 4 CITY-ST-ZIP	
TITLE		5. 1 TITLE	
NAME		5. 2 NAME	
STREET ADDRESS		5. 3 STREET ADDRESS	
CITY-ST-ZIP		5. 4 CITY-ST-ZIP	
TITLE		6. 1 TITLE	
NAME		6. 2 NAME	
STREET ADDRESS		6. 3 STREET ADDRESS	
CITY-ST-ZIP		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:

FRANCISCO RIPOLL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/96 305 716 9266

Date Daytime Phone #

CR2E034 (12/95)