

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90180 015 \*\*\*150.00

DOCUMENT # P94000029229

1. Corporation Name  
NEPCO INTERNATIONAL, CORP.

Principal Place of Business  
8803 NW 23 STREET  
MIAMI FL 33172  
US

Mailing Address  
7821 SW 95 ST  
MIAMI FL 33156  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
04/18/1994

4. FEI Number  
65-0482163

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 90 MARLOW E PONS  
Suite, Apt. #, etc.  
22 9370 SUNSET DR A-100  
City & State  
23 MIAMI, FL  
Zip  
24 33173 County

2a. Mailing Address  
26 90 MARLOW E PONS  
Suite, Apt. #, etc.  
27 9370 SUNSET DR A-100  
City & State  
28 MIAMI, FL  
Zip  
29 33173 Country

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
PONS, MARTIN E  
9370 SUNSET DRIVE A-100  
MIAMI FL 33173

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: *Martin E Pons* *MARTIN E PONS* *4/27/99*  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RIPOLL, FRANCISCO  
7821 SW 95 ST  
MIAMI FL  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
PONS, MARTIN  
9370 SUNSET DR A 100  
MIAMI FL 33173  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Martin E Pons* *MARTIN E PONS* *4-27-99* *305-275-7077*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)