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

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #

D0/10000000 /0/

PARPAK, INC.					
Principal Piace	of Business	Mailing Address		1 1001180110000000000000000000000000000	IN BUINT WEIDE JINIU FRIUT TURBE LEND BUIT HAD
9509 SOUTH DIXIE HWY 9509 SOUTH MIAMI FL MIAMI FL		9509 SOUTH DIXIE H MIAMI FL	W Y		
	V			3. Date Incorporated or Qualified 05/26/1994	3a. Date of Last Report 05/01/1995
_2. Principal Pla [21]	ace of Business	2a. Mailing Address 26		4. FEt Number 65-0494132	Applied For
Suite Apt.	#, etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
Orty & State		City & State		6. Election Campaign Financing	□ \$5.00 May Be
[23] Zip	Country	28		Trust Fund Contribution	Added to Fees
24	25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes 17 Yes	
	9. Name and Address of Curre			10. Name and Address of New F	
			81 Name	ORIEGA, LOUIS	A
82 Street Address (P.O. Box Nurfiberic Not Acceptable)					
9309 S. DIALE 11111				309 3 DIXIE	HWY
MIAMI F	i.		83		
			84 City /	liAmi	FL 85 33756
11. Pursuant t	to the provisions of Spetions 607.050	2 and 607.1508, Florida Statu	tes, the above-named corpor	•	roose of changing its registered office
or registen familiar wit	ed agent, or both, in the State of Flori th, and accept the obligations of Sec	da Such change was authorization 607,0505. Florida Statute	zed by the corporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the app	ointment as registered agent. I am
SIGNATURE	Tous)	, , , , , , , , , , , , , , , , , , , ,	CESIDENT		4/26/96
	Signature, typed or printed name of registery lagen	Land the hap icable (No	OTE: Registered Agent signature require		LIATE
12,	PD OFFICERS AN	D DIRECTIONS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12 Change Addition
NAME	NORIEGA, LOUIS A		12 NAME		Change Addition
STREET ADDRESS	9509 SOUTH DIXIE HWY		13 STHEET ADDRESS		
C/TY+ST-7IP	MIAMI FL 33012		1.4 CiTY-ST-ZIP		
1111.6	VD	DELETE	2 1 HILE		☐ Change ☐ Addition
NAME	DELGADO, RICHARD L	• •	2.2 NAME		
STREET ADDRESS	9509 South Dixie Hwy Miami Fl 33012		2 3 STREET ADDRESS		
OCY+S1 ZIP TITLE	MIMMI FL 33012	DELETE	2 4 C(TY - ST - ZIP 3 1 T(LE		Change Addition
NAM:		occe,e	3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY - S1 - ZIP		
TITLE		☐ DELETE	4. 1 TITLE		☐ Change ☐ Addition
NAME:			4.2 NAME		
STREET ADDRESS			4.3 STHEFT ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAMÉ			52 NAME		Onlings Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S1-ZIP			5 4 CHTY - ST - ZIP		Ì
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAMe			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
14. I do hereby	y certify that the information supplied	with this filing is voluntarily for	6 4 City-St-ZiP	or the exemption stated in Section 119.	07/(3)(k), Florida Statutes, Lifurthor
certify that oath; that I	the information indicated on this annu	ual report or supplemental and pration of the receiver or truste	nual report is true and accura reconpowered to execute this	te and that my signature shall have the s report as required by Chapter 607, Fig	same legal effect as if made under orida Statutes; and that my name
SIGNATURE: JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN					