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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000039889 (8)

PARPAK, INC.

STREET ADDRESS

CITY-ST-ZIP

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| וואוורגו  | 14, 1140   |  |                                  | E SERVICAN SON ORBIN RESIDENCE CONTRACTOR  | ##180 (film 1848) (#10) (#10) (#10) (#10) |
|---|--|--|----------------------------------|--|---|
| District Dis                                      | 10   |  |                                  |  |   |
| Principal Place of Business  B509 BOUTH DIXIE HWY |  | Mailing Address 9509 SOUTH DIXIE HWY                                     | Mailing Address                  |  |   |
| MIAMI FL  | SIAL THI   | MIAMI FL 33156-2802  |                                  |  |   |
|   |  |  |                                  | 3. Date Incorporated or Qualified 05/26/1994   | 3a. Date of Last Report 05/01/1996        |
| 2. Principal                                      | Place of Business  | 2a. Mailing Address  | *                                | 4. FEI Number  | Applied For                               |
| 21  |  | 26   |                                  | 65-0494132   | Not Applicable                            |
| Suite, Apt  | t. #, etc.   | Suite, Apt. #, etc.  |                                  | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required            |
| City & Sta  | ate  | City & State   |                                  | 6. Election Campaign Financing   | \$5.00 May Be                             |
| 23  |  | 28   |                                  | Trust Fund Contribution  | Added to Fees                             |
| Zip   | Country  | Zφ   | Country                          | 8. This corporation has liability for in   |   |
| 24  | 25<br>9. Name and Address of Curr  |  | 30]                              | Florida Statutes  10. Name and Address of New Reg  | Yes No                                    |
| NO  | RIEGA, LOUIS A   | ent riegistorea Agent  | 81 Name                          | To, Hante and Address of New Neg   | istered Agent                             |
| 9509 S DIXIE HWY                                  |  |  | 82 Street Add                    | ress (P.O. Box Number is Not Acceptabl   | <u> </u>                                  |
| MIAMI FL 33156                                    |  |  | 62 Siree( Add                    | ress (F.O. Dox Nomber is Not Acceptable  | ·,  |
|   |  |  | 83                               |  |   |
|   |  |  | 84 City                          |  | FL 85 Zip Code                            |
| 11. Pursuani                                      | to the provisions of Sections 607.05                                       | 502 and 607.1508, Florida Statute:                                       | s, the above-named corp          | poration submits this statement for the pu   | rpose of changing its registered          |
| agent. I  | registered agent, or both in the Sta<br>am amiliar with and accept the ob- | te of Florida. Such change was at<br>igations of, Section 607.0505, Flor | othorized by the corporation.    | tion's board of directors. I hereby accept   | the appointment as registered             |
| SIGNATURE   | Sign ture, typed or printed name of registered a                           | squary I title it applicable (NOTE:                                      | Registered Agen; signature requi |  |   |
| 12.   |  | ND DIRECTORS   | 13.                              | ADDITIONS/CHANGES TO OFFICE  | ERS AND DIRECTORS IN 12                   |
| TITLE   | PD   | DELFTE   | 1.1 TITLE                        |  | Change Addition                           |
| NAME  | NORIEGA, LOUIS A   |  | 1.2 NAME                         |  |   |
| STREET ADDRESS                                    |  |  | 1.3 STREET ADDRESS               |  |   |
| CITY-ST-ZIP                                       | MIAMI FL 33012   | DELETE   | 1.4 CITY+S1-2IP                  |  | Change Addition                           |
| TITLE<br>NAME                                     |  |  | 2.1 TITLE<br>2.2 NAME            |  | Li cuange Li Appillon                     |
| STREET ADDRESS                                    |  |  | 2.3 STREET ADDRESS               |  |   |
| CITY-ST-ZIP                                       |  |  | 2. 4 CITY - ST - ZIP             |  |   |
| -TITLE -  |  | ☐ DELETE   | 3.1 TiTLE                        |  | Change Addition                           |
| NAME  |  |  | 3.2 NAME                         |  |   |
| STREET ADDRESS                                    |  |  | 3.3 STREET ADDRESS               | •  |   |
| CITY-ST-ZIP<br>TITLE                              |  | DELETE   | 3 4. CHY - ST - ZIP<br>4 1 TIFLE | A Plantage of the second of th | Change Addition                           |
| NAME  |  |  | 4 2 NAME                         |  | C) Shangs C) Notition                     |
| STREET ADDRESS                                    |  |  | 4.3 STREET ADDRESS               |  |   |
| CITY-ST-ZIP                                       |  |  | 4.4 CI1Y-ST-7IP                  |  |   |
| TITLE   |  | ☐ DELETE   | 5.1 TITLE                        | AL VALUE   | Change Addition                           |
| NAME  |  |  | 5.2 NAME                         |  |   |
| STREET ADDRESS                                    |  |  | 5.3 STREET ADDRESS               |  |   |
| CITY-ST-ZIP<br>TITLE                              |  | DELETE   | 5.4 CITY- \$1-ZIP<br>6.1 TITLE   |  | Change Addition                           |
| MANIE   |  | Last Distert   | CONSMIC                          |  | Eli oliveido Eli virottion                |

G.3 STREET ADDRESS

14. I do 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 complemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation of 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 charged, or is an attachment with an address.