## 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 .

# DOCUMENT # P94000048099

#### PEP ERECTORS INCORPORATED

Principal Place of Business 1600 SW 127TH WAY UNIT 110. BLDG. C PEMBROKE PINES FL 33027

Mailing Address

### **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90149 020 \*\*\*150.00



1600 SW 127TH WAY UNIT 110, BLDG, C PEMBROKE PINES FL 33027 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/24/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 Applied For 65-0495116 Suite, Apt. #, etc. Not Applicable -Suite, Apt. #, etc. 22 \$8.75 Additional 5. Certifcate of Status Desired 27 City & State Fee Required City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Zip Trust Fund Contribution Country Added to Fees Zip Country 8. This corporation owes the current year Intangible 25 29 30 9. Name and Address of Current Registered Agent Personal Property Tax. Divo 10. Name and Address of New Registered Agent Name PRIETO, JOSE 1600 SW 127TH WAY 82 Street Address (P.O. Box Number is Not Acceptable) UNIT 110, BLDG. C PEMBROKE PINES FL 33027 83 84 City 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 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DPS ☐ DELETE 1.1 TITLE PRIETO, JOSE NAME Change 1.2 NAME 1600 SW 127TH WAY, UNIT 110, BLDG. C STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 33027 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE ☐ DELETE 2.1 TITLE VAME Change ☐ Addition 22 NAME TREET ADDRESS 2.3 STREET ADDRESS TTY-ST-ZIP 2. 4 CITY-ST-ZIP MLE ☐ DELETE 3.1 TITLE MF ☐ Change ☐ Addition 3.2 NAME TREET ADDRESS 3.3 STREET ADDRESS TY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE ΜE [ ] Change Addition 4.2 NAME REET ADDRESS 4.3 STREET ADDRESS TY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change ☐ Addition 5.2 NAME REET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 6.1 TITLE

Thereby 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 chapted, or on an attachment with an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**IGNATURE:** 

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ME

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REET ADDRESS

Y-ST-ZIP

☐ Change

☐ Addition

CR2E034 (11/98)