

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT #

1. Corporation Name

SOUTH PAKIKA, INC.

P94000058297

Principal Place of Business

Mailing Address

1446 N W 78th AVE
MIAMI, FL 33126

3. Date Incorporated or Qualified

8-8-94

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1446 NW 78th Ave

26 1446 NW 78th Ave

4. FEI Number

65-0510686

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

23 Miami FL

28 Miami, FL

Zip

Country

Zip

Country

24 33126

25 US

29 33126

30 US

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Carlos Costa Vieira
1446 NW 78th Ave.
Miami, FL 33126

81 Name

CARLOS COSTA VIEIRA

82 Street Address (P.O. Box Number is Not Acceptable)

1446 NW 78th Ave

83

84 City

Miami

FL

85 Zip Code

33126

11. Pursuant to the provisions of Sections 602.002 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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

Carlos Costa Vieira

Printed Registered Agent's name required when appointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D ☐ DELETE
NAME Carlos C. Vieira
STREET ADDRESS 8670 NW 6th Lane #104
CITY-ST-ZIP Miami, FL 33126

TITLE S/D ☐ DELETE
NAME Isabel G. Vieira
STREET ADDRESS 8670 NW 6th Lane #104
CITY-ST-ZIP Miami, FL 33126

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition
3. NAME
4. STREET ADDRESS
5. CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition
4. NAME
5. STREET ADDRESS
6. CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition
5. NAME
6. STREET ADDRESS
7. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition
7. NAME
8. STREET ADDRESS
9. 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, change in or as attachment with an address.

SIGNATURE: *Carlos Costa Vieira*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature of Officer or Director

CR2E034 (12/95)