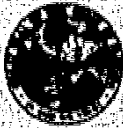


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000059580 (8)

1. Corporation Name

POPOF CORPORATION

Principal Place of Business

1390 BRICKELL AVENUE
SUITE 240
MIAMI FL 33131

Mailing Address

1390 BRICKELL AVENUE
SUITE 240
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/12/1994

3a. Date of Last Report

2. Principal Place of Business

21 571 N.W. 28TH STREET

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

MIAMI, FLORIDA

27 City & State

28 City & State

24 Zip

33127

25 Country

USA

29 Zip

30 Country

4. FEI Number

65-0512011

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

OUAKNINE NIURKA

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

1390 BRICKELL AVENUE - SUITE 240

83

84 City

MIAMI

FL

85 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME OUAKNINE, GILBERT
STREET ADDRESS 1390 BRICKELL AVENUE, SUITE 240
CITY - ST - ZIP MIAMI FL 33131

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

P

1.2 NAME

OUAKNINE GILBERT

1.3 STREET ADDRESS

571 N.W. 28TH STREET

1.4 CITY - ST - ZIP

MIAMI, FLORIDA 33131

2.1 TITLE

VP

2.2 NAME

OUAKNINE NIURKA

2.3 STREET ADDRESS

1390 BRICKELL AVENUE - SUITE 240

2.4 CITY - ST - ZIP

MIAMI, FLORIDA 33131

3.1 TITLE

S

3.2 NAME

MASSUH JOSE M.

3.3 STREET ADDRESS

1390 BRICKELL AVENUE - SUITE 240

3.4 CITY - ST - ZIP

MIAMI, FLORIDA 33131

4.1 TITLE

T

4.2 NAME

OUAKNINE GILBERT

4.3 STREET ADDRESS

571 N.W. 28TH STREET

4.4 CITY - ST - ZIP

MIAMI, FLORIDA 33131

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 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 filing 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: NIURKA OUAKNINE, VICE PRESIDENT

APRIL 25, 1995

Print

Signature / Printed Name