FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	Mailing Address
1390 BRICKELL AVENUE SUITE 240 MIAMI FL 33131	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
22 Suite, Apt. #, etc.
23 City & State: MIAMI, FLORIDA
24 Zip: 33127
25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
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 Zip Code: 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	OUAKNINE, GILBERT	1.2 NAME	OUAKNINE GILBERT	
STREET ADDRESS	1390 BRICKELL AVENUE, SUITE 240	1.3 STREET ADDRESS	571 N.W.28TH STREET	
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33131	
TITLE		2.1 TITLE	VP	☐ Change ☒ Addition
NAME		2.2 NAME	OUAKNINE NIURKA	
STREET ADDRESS		2.3 STREET ADDRESS	1390 BRICKELL AVENUE - SUITE 240	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33131	
TITLE		3.1 TITLE	S	☐ Change ☒ Addition
NAME		3.2 NAME	MASSUH JOSE M.	
STREET ADDRESS		3.3 STREET ADDRESS	1390 BRICKELL AVENUE - SUITE 240	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33131	
TITLE		4.1 TITLE	T	☐ Change ☒ Addition
NAME		4.2 NAME	OUAKNINE GILBERT	
STREET ADDRESS		4.3 STREET ADDRESS	571 N.W.28TH STREET	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33131	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(i), Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with an address.

SIGNATURE: NIURKA OUAKNINE, VICE PRESIDENT APRIL 25, 1995
SIGNATURE(S) & TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01A2908 CP