

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000059580 (8)

1. Corporation Name

POPOF CORPORATION



Principal Place of Business

571 NW 28TH STREET  
MIAMI FL 33127  
US

Mailing Address

1390 BRICKELL AVENUE  
SUITE 240  
MIAMI FL 33131

2. Principal Place of Business

2a. Mailing Address

21 2088 NW 18TH AVENUE

26 444 BRICKELL AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 807

City & State

City & State

23 MIAMI, FL 33142

28 MIAMI, FL 33131

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/12/1994

3a. Date of Last Report

05/01/1995

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

10. Name and Address of New Registered Agent

NIURKA, OUAKNINE  
1390 BRICKELL AVE  
STE 240  
MIAMI FL 33131

81 Name

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

444 BRICKELL AVENUE

83

SUITE 807

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☒ Addition

NAME OUAKNINE, GILBERT

1.2 NAME

STREET ADDRESS 571 NW 28 ST

1.3 STREET ADDRESS

CITY-ST-ZIP MIAMI FL

2088 NW 18TH AVENUE  
MIAMI, FL 33142

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☒ Addition

NAME OUAKNINE, NIURKA

2.2 NAME

STREET ADDRESS 1390 BRICKELL AVE STE 240

2.3 STREET ADDRESS

CITY-ST-ZIP MIAMI FL

444 BRICKELL AVENUE-SUITE 807  
MIAMI, FL 33131

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☒ Addition

NAME MASSUH, JOSE M.

3.2 NAME

STREET ADDRESS 1390 BRICKELL AVE, STE 240

3.3 STREET ADDRESS

CITY-ST-ZIP MIAMI FL

444 BRICKELL AVENUE-SUITE 807  
MIAMI, FL 33131

TITLE ☐ DELETE

4.1 TITLE ☒ Change ☒ Addition

NAME OUAKNINE, GILBERT

4.2 NAME

STREET ADDRESS 571 NW 28 STREET

4.3 STREET ADDRESS

CITY-ST-ZIP MIAMI FL

2088 NW 18TH AVENUE  
MIAMI, FL 33142

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

500001837895  
-05/24/96--01017--021  
\*\*\*208.75

TITLE ☐ DELETE

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 submitted 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 if changed, or on an attachment with an address.

SIGNATURE:

NIURKA OUAKNINE VP

APRIL 29, 1996

(305) 358-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)