

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000059580 (8)

1. Corporation Name
POPOF CORPORATION



Principal Place of Business 2088 N.W. 18TH AVENUE MIAMI FL 33142 US	Mailing Address 444 BRICKELL AVE SUITE 807 MIAMI FL 33131-2407
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 08/12/1994	3a. Date of Last Report 05/01/1996
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	

g. Name and Address of Current Registered Agent NIURKA, QUAKNINE 444 BRICEELL AVE SUITE 807 MIAMI FL 33131	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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	P OUAKNINE, GILBERT 2088 N.W. 18TH AVENUE MIAMI FL 33142 CITY-ST-ZIP	1.1 TITLE	☐ Change ☐ Addition
NAME	VP OUAKNINE, NIURKA 444 BRICKELL AVE #807 MIAMI FL 33131 CITY-ST-ZIP	1.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	S MASSUH, JOSE M. 444 BRICKELL AVE #807 MIAMI FL 33131 CITY-ST-ZIP	1.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	T OUAKNINE, GILBERT 2088 N.W. 18TH AVENUE MIAMI FL 33142 CITY-ST-ZIP	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
		2.1 TITLE	☐ Change ☐ Addition
		2.2 NAME	☐ Change ☐ Addition
		2.3 STREET ADDRESS	☐ Change ☐ Addition
		2.4 CITY-ST-ZIP	☐ Change ☐ Addition
		3.1 TITLE	☐ Change ☐ Addition
		3.2 NAME	☐ Change ☐ Addition
		3.3 STREET ADDRESS	☐ Change ☐ Addition
		3.4 CITY-ST-ZIP	☐ Change ☐ Addition
		4.1 TITLE	☐ Change ☐ Addition
		4.2 NAME	☐ Change ☐ Addition
		4.3 STREET ADDRESS	☐ Change ☐ Addition
		4.4 CITY-ST-ZIP	☐ Change ☐ Addition
		5.1 TITLE	☐ Change ☐ Addition
		5.2 NAME	☐ Change ☐ Addition
		5.3 STREET ADDRESS	☐ Change ☐ Addition
		5.4 CITY-ST-ZIP	☐ Change ☐ Addition
		6.1 TITLE	☐ Change ☐ Addition
		6.2 NAME	☐ Change ☐ Addition
		6.3 STREET ADDRESS	☐ Change ☐ Addition
		6.4 CITY-ST-ZIP	☐ Change ☐ Addition

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	☐ Change ☐ Addition
1.3 STREET ADDRESS	☐ Change ☐ Addition
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14. I do hereby 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 changed or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97 (305) 358-1900

CR2E034 (9/96)