

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 # P95000008639 (3)

1. Corporation Name

FIPA DEVELOPMENT U.S.A., INC.



Principal Place of Business

169 EAST FLAGLER STREET
SUITE 1517
MIAMI FL 33131

Mailing Address

169 EAST FLAGLER STREET
SUITE 1517
MIAMI FL 33131

3. Date Incorporated or Qualified
01/27/1995

3a. Date of Last Report

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 13727 SW 152 ST

26 13727 SW 152 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 325

27 SUITE 325

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

Zip

Country

Zip

Country

24 33177

29 33177

30

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

10. Name and Address of New Registered Agent

PONS, MARTIN E
169 EAST FLAGLER STREET
SUITE 1517
MIAMI FL 33131

81 Name MARTIN E PONS

82 Street Address (P.O. Box Number is Not Acceptable)
200 SOUTH DISCAYNE BLVD #4920

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

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 D
NAME PONS, MARTIN E
STREET ADDRESS 13727 SW 152 ST
CITY-ST-ZIP MIAMI, FL 33177

1.1 TITLE D
1.2 NAME PONS, MARTIN E
1.3 STREET ADDRESS 13727 SW 152 ST
1.4 CITY-ST-ZIP MIAMI, FL 33177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 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

MARTIN E PONS

DATE

4/17/96 (305) 373-5444

Daytime Phone #

SC 5-1-96

CR2E034 (12/95)