

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 #

1. Corporation Name

BRIPEC ENTERPRISES INC.

Principal Place of Business

MIAMI FLORIDA

Mailing Address

892 SAVANNAH FALLS DR
FT. LAUDERDALE, FL, 33327

2. Principal Place of Business

21 892 SAVANNAH FALLS DR

Suite, Apt. #, etc.

22 City & State
FT. LAUDERDALE, FLORIDA

24 Zip
33327

25 Country
USA

2a. Mailing Address

26 892 SAVANNAH FALLS DR

Suite, Apt. #, etc.

27 City & State
FT. LAUDERDALE, FLORIDA

29 Zip
33327

30 Country
USA

3. Date Incorporated or Qualified
FEBRUARY 08, 1995

3a. Date of Last Report
N/A

4. FEI Number
65-0575221

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

MARIA ANGELICA BRICENO PECHE
892 SAVANNAH FALLS DRIVE
FORT LAUDERDALE, FLORIDA, 33327

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

Maria Angelica Briceno Peché

MARIA ANGELICA BRICENO PECHE, PRESIDENT

29/04/96
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
MARIA ANGELICA BRICENO PECHE
892 SAVANNAH FALLS DR
FT. LAUDERDALE, FL, 33327

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

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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:

Maria A Briceno Peché

MARIA A BRICENO PECHE

29-04-1996

(954) 3497616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)