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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPÓRATIONS

## DOCUMENT # P95000024855 (5)

KARAZENPO, INC.

	Principal	Place	of	Business
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Mailing Address

## **FILED** May 06 1997 8:00am Secretary of State



POMPANO FL	PLE HUAD 13064	POMPANO FL 33				
i.					3. Date Incorporated or Qualified 03/28/1995	3a. Date of Last Report 05/01/1996
2. Principal Pi	ace of Business	2a. Mailing Addr	oss		4. FEI Number	Applied For
21		26			65-0572191	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #,	elc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			b. Certificate of Status Desired	Fee Required
City & State	•	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Q	ountry	8. This corporation has liability for it	ntangible tax under s. 199.032,
24	25	29	30			Yes No
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Reg	sistered Agent
	HONY M. DELALLA			B1 Name		ľ
	EAST SAMPLE ROAD			82 Street Add	dress (P.O. Box Number is Not Acceptab	(a)
POM	PANO FL 33064			L.L		
				83		
1 11 1				84 City		<b> 85</b> Zip Code
**				Cily		FL 85 Zip Code
11. Pursuant to office or re agent. Lai	o the provisions of Sections 607.6 egistered agent, or both, in the St n familiar with, and accept the ob-	0502 and 607.1508, Floridate of Florida. Such charbligations of, Section 607.	da Statutes, the ge was authoriz 0505, Florida St	above-named cored by the corporal	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registered I the appointment as registered
SIGNATURE	Signalure, typod or printed name of registered	agent and tate if applicable	(NOTE Hegiste	red Agent signature requ	ured when reinstating)	DATE.
12.		AND DIRECTORS	13		ADDITIONS/CHANGES TO OFFIC	
TITLE	DV	<u></u> □ D8	LETE 1.1	эпце		Change Addition
NAME	PEREZ, RAFAEL		1.2	NAME		
STREET ADDRESS	5600 NW 57 WAY		1.3	STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		1,4	CITY-ST-ZIP		ľ
TITLE	DPT	☐ DE	L€1E 21	TITLE		Change Addition
NAME	DELALLA, ANTHONY M		22	NAME		
STREET ADDRESS	1431 NE 32 PL.		23	STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		2.4	1 CITY-ST-ZIP		
TOTLE		DE	LETE 31	THTLE		Change Addition
NAME			3.2	NAME		
STREET ADDRESS			3.3	STREET ADDRESS		
CITY-ST-ZIP			3.4	. CITY-S1-ZIP		
TITLE		☐ DE		1016		Change Addition
NAME			4. 2	NAME I		_
STREET ADDRESS			43	STREET ADDRESS		i i
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		DE		TITLE		Change Addition
NAME		<u></u>		NAME		
STREET ADDRESS				STREET ADDRESS	•	
				1		<b>\</b>
CITY-ST-ZIP TITLE				DITY-ST-ZIP		Change Addition
		L) VI				C Strange C Modificit
NAME				NAME		
STREET ADDRESS	•			STRELT ADDRESS		J
CITY-ST-ZIP			64	DITY-ST-ZIP		

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 if 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.

1/28/50