

FILE NOW: FILING FEE IS \$61.25

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98 MAY -4 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P95000025210

1. Corporation Name
SUPAPEL FAX Corp

Principal Place of Business
10828 SW 88 ST #Y-1
MIAMI, FL 33176

Mailing Address
10828 SW 88 ST #Y-1
MIAMI, FL 33176

3. Date Incorporated or Qualified
MARCH 27, 1995

4. PEI Number
65-0571791

Applied For
Not Applicable

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

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CARLOS GOMEZ
10828 SW 88 ST #Y-1
MIAMI, FL 33176

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0503 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Carlos A. Gomez

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE
President
CARLOS A. GOMEZ
10828 SW 88 ST #Y-1
MIAMI, FL 33176

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

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313 STREET ADDRESS
314 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #