

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

FILED
Jul 02 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P95000067338 (0)
 1. Corporation Name
PIPO, INC.



| | |
|--|--|
| Principal Place of Business 9343 S.W. 40TH STREET MIAMI FL 33165 | Mailing Address 9343 S.W. 40TH STREET MIAMI FL 33165 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 21 2. Principal Place of Business Suite, Apt. #, etc. | 26 2a. Mailing Address Suite, Apt. #, etc. |
| 22 2. Principal Place of Business City & State | 27 2a. Mailing Address City & State |
| 23 2. Principal Place of Business Zip Country | 28 2a. Mailing Address Zip Country |
| 24 2. Principal Place of Business Country | 30 2a. Mailing Address Country |

| | | |
|---|---|--|
| 3. Date Incorporated or Qualified 08/30/1995 | | |
| 4. FEI Number 65-0606724 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent
ALVAREZ, JOSE
9343 S.W. 40TH STREET
MIAMI FL 33165

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name LAZARO ALBA |
| 82 Street Address (P.O. Box Number is Not Acceptable) 9343 SW 40TH STREET |
| 83 City MIAMI |
| 84 State FL |
| 85 Zip Code 33165 |

11. Pursuant to the provisions of Sections 607.05(1) and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 607.05(5), Florida Statutes.

SIGNATURE *[Signature]* DATE **6/19/98**
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

| | |
|---|---------------------------------|
| TITLE PD | <input type="checkbox"/> DELETE |
| NAME ALVAREZ, JOSE | |
| STREET ADDRESS 9343 S.W. 40TH ST. | |
| CITY-ST-ZIP MIAMI FL 33165 | |
| TITLE PD | <input type="checkbox"/> DELETE |
| NAME ALVAREZ, AGUEDA | |
| STREET ADDRESS 9343 S.W. 40TH ST. | |
| CITY-ST-ZIP MIAMI FL 33165 | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--|--|
| 11 TITLE PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME LAZARO ALBA | |
| 13 STREET ADDRESS 9343 SW 40TH STREET | |
| 14 CITY-ST-ZIP MIAMI, FL 33165 | |
| 21 TITLE PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME LAZARO ALBA | |
| 23 STREET ADDRESS 9343 SW 40TH STREET | |
| 24 CITY-ST-ZIP MIAMI, FL 33165 | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | |

14. I 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, on an attachment with an address.

SIGNATURE *[Signature]* DATE **6/19/98**

CFR2E034 (10/97)