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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Jan 22 1998 8:00am Secretary of State

DOCU 1. Corporatio	MENT n Name	# P950	00077	'422 (O)					
CEPRO	OVEN, IN	Э.							
! : :									
Principal Place of Business Mailing Address							ı		
10843 N.W. 7TH STREET. #14 10843 N.W. 7TH STREET. #14									
MIAMI FL 33	172		MIAX	II FL 33172			DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
							10/10/1995		
2. Principal P	lace of Busi	ness	2a. Ma	2a. Mailing Address			4. FEI Number Applied Fol	\dashv	
21			26				65-0732986 Not Applica	\dashv	
Suite, Apt.	#, etc.		Su 27	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required	\Box	
City & Stat	e		Cit	City & State			6. Election Campaign Financing \$5.00 May Be	一	
23			28				Trust Fund Contribution Added to Fees		
Zip		Country		Zip Country			8. This corporation owes or has paid the current year Intangible		
24	25 29 30 9. Name and Address of Current Registered Agent						Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
						tu. Name and Address of New Registered Agent			
DRAYU, RIDARDU J									
MIAMI FL 33172					82		ddress (P.O. Box Number is Not Acceptable)		
					83			l	
						City	FL 85 Zip Code		
11. Pursuant	to the provis	ions of Sections 607.0	502 and 607.1	508, Florida Statut	es, the above	e-named c	corporation submits this statement for the purpose of changing its register oration's board of directors. I hereby accept the appointment as registered	red	
agent. I a	m fam iliar w	th, and accept the ob	ligations of, Se	ction 607.0505, Fi	orida Statute	s.	practions board or directors, interepty accept the appointment as registere	u	
SIGNATURE	Closebura bunne	or printed name of registered	annt and tills if any	Eastle Alox	e. 6.222				
12.	Signature, typeo		AND DIRECTO		13.	ent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\dashv	
TITLE	PVST DELETE				1.1 TITLE		☐ Change ☐ Addi	tion	
NAME	BRAVO, RICARDO J			1.2 NAME					
STREET ADDRESS	10843 [N.W. 7TH STREET,	#14	1.3 STREET	ADDRESS				
CITY+ST-ZIP	MIAMI I	L 33172				ST-ZIP		ļ	
TITLE	D			DELET E	2.1 TITLE		Change Addi	tion	
NAME		RICARDO J			2.2 NAME				
STREET ADDRESS		N.W. 7TH STREET,	#14	14			·A		
CITY-ST-ZIP	MIAMI	L 33 <u>17</u> 2		Libritat		ST-ZIP			
TITLE				☐ DELETE	3.1 TATLE		Change Addi	lion	
NAME OTREET ADODESC	3.2 N					4000000		-	
STREET ADDRESS						ADDRESS			
CITY-\$T-ZIP TITLE				DELETE	3.4. CITY - 5 4.1 TITLE	S1-2IP	☐ Change ☐ Addi	tine	
NAME					4. 2 NAME	1	Onlings		
STREET ADORESS					4.3 STREET	ADDRESS			
CITY-ST-ZIP					4.4 CITY- S				
TITLE			······································	DELETE	5.1 TITLE		Change Addi	tion	
NAME					5.2 NAME				
STREET ADDRESS					5 3 STREET	ADDRESS			
CITY-ST-ZIP					54 CITY-S	T-ZIP			
TITLE				DELETE	6.1 TITLE		Change Addi	tion	
NAME					6.2 NAME				
STREET ADDRESS					6.3 STREET	ADDRESS			
CITY-ST-ZIP 6.4 CITY									
14. I hereby o	orlify that the	information cumpling	with this filing	dope not qualify to	or the evenin	tion stated	in Section 119 07/3(i) Florida Statutes, I further certify that the information		

Thereby certify that the information supplied with this tilling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 combaction or the receiver of trustiff an appears in Block 12 or Block 13 if changed, or on an attachment with an address.