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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000053214 (8)

PIPO'S FLYING SAUCER, INC.

Principal Place of Business Mailing Address					I BOID) ULIUD III DE ELDE BIDI LUDI	
6121 MANCHE DAVIE FL 333		6121 MANCHESTER LN. Davie Fl 33331-2970				
				3. Date Incorporated or Qualified 06/21/1996	3s. Date of Last Report	
2. Principal Place of Business 21 18283 Rives Blud		28. Mailing Address	us Gate Au	e 65-0677106	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	broke lives, FL	City & State Davic, FC		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 F.L.	33029 25 Broward	LECT	o Broward		Yes 🗌 No	
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Re	gistered Agent	
	NTANA, JORGE L		81 Name	•		
HIALEAH FL 33016			82 Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
			83			
			84 City		FL 85 Zip Code	
11. Pursuant office or r agent. La	to the provisions of Sections 607.0502 registered agent, or both, in the State im familiar with, and accept the obliga	gand 607.1508, Florida Statutes of Florida. Such change was au tions of, Section 607.0505, Flori	, the above-named c thorized by the corpo da Statutos.	orporation submits this statement for the paration's board of directors. I hereby accept	urpose of changing its registered at the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered ages	candified applicable (NOTE)	Registered Agent signature re	quired when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	D	DETETE	1.1 TITLE	C. C	Change Addition	
NAME	GARCIA, JORGE		1.2 NAME	Carcia, Jorge 6380 FalcousGate		
STREET ADDRESS	8121 MANCHESTER LN.		1.3 STREET ADDRESS		nence	
CITY-ST-ZIP	DAVIE PL 33331		1.4 CITY- ST- ZIP	Davie, FC 33381		
TITLE		☐ DELETE	2 1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS		i	
CITY-ST-ZIP			2 4 CITY - ST - ZIP			
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CHY-ST-ZIP			

City-St-2iP 6.4 City-St-2iP 6.4 City-St-2iP 6.4 City-St-2iP 7.4 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 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 as on an attachment with an address.

4.1 TIFLE 4-2 NAME

5.1 TITLE

52 NAME

61 TITLE

6.2 NAMé

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY - \$1 - 7IP

4.4 OTY-S1-ZIP

DELETE

DELETE

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CIONATURE.

TITLE

NAME STREET ADDRESS

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CITY-ST-ZIP

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Change

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Mar 17 1997 8:00am

Secretary of State

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