May 07, 1999 8:00 am Secretary of State

05-07-1999 90102 045 ***150.00

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000070754

1. Corporation Name

Principal Place of Business

B.O.P.P. CONVERTING CORP.

7924 N.W. 67 ST MIAMI FL 33166 US		7924 N.W. 67 ST MIAMI FL 33166 US			DO NOT WRITE IN THIS SPACE						
						3. Date Inco	orporated or Qualifed				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Numb				App	lied For
21		26	•			65-071	6783		H	Not	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.							\$8.	75 A	ditional
22	.,	27				5. Certifcate	e of Status Desired			e Req	
City & State	9	City & State				6. Election (Campaign Financing		\$5	.00	May Be
23		28				Trust Fun	nd Contribution		Ad	ded to	Fees
Zip	Zip Country Zip Co					8. This corp	oration owes the cur	ent year Intar	ngible		_
24	25 29 30			Personal Property Tax. Yes No							No
	9. Name and Address of Current	Registered Agent				10. Name an	d Address of New F	Registered A	gent		
LODI	E7 HIAN D		81	N	ame						
	ez, Juan P I N.W. 67 st		82	St	treet Add	lress (P.O. Box N	umber is Not Accepta	able)			
	/II FL 33166		83	<u> </u>							
ivii(A)	III 1 E 00 100		63								
			84	Ci	ity			FI	85	Zip Co	ode
11 Durement (to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the above	e-na	med corr	noration submits t	this statement for the		hangir	na its r	egistered
office or re	egistered agent, or both, in the State of	f Florida. Such change was autho	orized by	the	corporati	ion's board of dire	ectors. I hereby acce	ot the appoint	ment	as reg	istered
agent. I ar	n familiar with, and accept the obligati	ons of, Section 607.0505, Florida	Statutes.								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Rec	pistered Agen	nt sian	nature require	ed when reinstating)		DATE			\
12.	OFFICERS AND		13.				S/CHANGES TO OF		DIRE	CTOF	RS IN 12
TITLE	D	PELETE	1.1 TITLE						Cha	ange	☐ Addition
NAME	LOPEZ, JUAN P	۲.	1.2 NAME		· }						
STREET ADDRESS	7922 N 67TH ST		1.3 STREET	: ADD	RESS						
CITY-ST-ZIP	MIAMI FL 33166		1.4 CITY-ST	T-ZiP	, _	_					
TITLE		☐ DELETE	2.1 TITLE			ten side	nt.		☐ Cha	ange	Addition
NAME	Meardo Che		2.2 NAME		72	licardo	Gasparini	,			•
STREET ADDRESS			2.3 STREET	r ADDI	RESS	1922 N.1	Gasparini W. Gth	s-t ,			
CITY-ST-ZIP	Jan M. M. M. M.	750	2. 4 CITY-S			Mami. F	1.33166				
TITLE		DELETE	3.1 TITLE		5	ecretary			Cha	ange	Addition
NAME	792 N.W. 324	~ (- /	3.2 NAME			the la	Gonzalez				-
STREET ADDRESS			3.3 STREET	(ADD	RESS -	awarao i	m. 67 87	•			ļ
CITY-ST-ZIP	그림을 경 돌니다 나를 잃다는	· · · · · · · · · · · · · · · · · · ·	3.4. CITY-S		A A	1/0mi f	FL. 3316	6			
TITLE	`	□ DELETE	4.1 TITLE			<u> </u>	<u> </u>	<u>~</u>	Cha	ange	☐ Addition
NAME			4. 2 NAME		l						
STREET ADDRESS			4.3 STREET	(ADD	RESS						
CITY-ST-ZIP			4.4 CITY-S1	T-ZIP	,]						
TITLE		☐ DELETE	51 TITLE						☐ Cha	ange	Addition
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREET	r ADO	RESS						
CITY-ST-ZIP			5.4 CITY-ST	7-Z!P	, }						l
TITLE	1 1 4 1 1 1	☐ DELETE	6.1 TITLE			····			Cha	ange	Addition
NAME :	S 9		6.2 NAME								
STREET ADDRESS	To \$1.8€.		6.3 STREET	(ADD	RESS						

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 tustee employered 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 or an attachment with an address, with all other the provided Discascia.

SIGNATURE:

CITY-ST-ZIP

Ricardo Gaspanini