

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

FILED

Jun 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000083337 (1)

1. Corporation Name  
HIGH PERFORMANCE COMPANY

Principal Place of Business

10290 COURTSIDE LANE APT. D  
BOCA RATON FL 33428

Mailing Address

10290 COURTSIDE LANE APT. D  
BOCA RATON FL 33428-1363



3. Date Incorporated or Qualified  
10/09/1996

3a. Date of Last Report

2. Principal Place of Business

21 7166 SAN CASTLE BLVD  
Suite, Apt. #, etc.

2a. Mailing Address

27 7166 SAN CASTLE BLVD  
Suite, Apt. #, etc.

4. FEI Number

65-0699039

Applied For

Not Applicable

22

City & State

23 LANTANA, FLORIDA

Zip

24 33462

Country

25 U.S.A.

27

City & State

28 LANTANA, FLORIDA

Zip

29 33462

Country

30 U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

WHITE, JOHN II  
1645 PALM BEACH LAKES BLVD. STE 1200  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CASTELLI, JORGE  
STREET ADDRESS 10290 COURTSIDE LANE APT. D  
CITY-ST-ZIP BOCA RATON FL 33428

TITLE D ☐ DELETE

NAME RAMIREZ, VICTOR  
STREET ADDRESS 11074 LAKEAIRE CIRCLE  
CITY-ST-ZIP BOCA RATON FL 33449-8

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P/T ☒ Change ☐ Addition

1.2 NAME CASTELLI, JORGE  
1.3 STREET ADDRESS 7166 SAN CASTLE BLVD  
1.4 CITY-ST-ZIP LANTANA, FL 33462

2.1 TITLE D/P/T ☒ Change ☐ Addition

2.2 NAME RAMIREZ, VICTOR  
2.3 STREET ADDRESS 7166 SAN CASTLE BLVD  
2.4 CITY-ST-ZIP LANTANA, FL 33462

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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, trustee or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE

Jorge Castelli

CR2E034 (9/96)