

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000072943 1. Corporation Name

EPS CORP.

Principal Place of Business 7695 S.W. 104TH STREET SUITE 210 PINECREST FL 33156		Mailing Address 7695 S.W. 104TH STREET SUITE 210 PINECREST FL 33156		
Suite, Apt. #.	etc.	Suite, Apt. #	, elc.	
22		27		
City & State		City & State		
23		28		
Zip	Country	Zφ	Country	
24	25	29	30	
	9. Name and Address of Cu	rrent Registered Agent		
LITTM	AN, ERIĆ P		81 Name	

1428 BRICKELL AVENUE 8TH FLOOR MIAMI FL 33131

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DO NOT WRITE IN THIS SPACE

3.	Date Incorporated or Qualifed	
	08/22/1997	
		6

4. FET Number

APPLIED FOR

5. Certificate of Status Desired

\$8.75 Additional Fee Required \$5.00 May Be 6. Election Campaign Financing

Trust Fund Contribution Added to Fees B. This corporation owes the current year Intangible Personal Property Tax Tives

10. Name and Address of New Registered Agent

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

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.

82

83

84 City

SIGNATURE	Signature typad or printed name of registered agent and their applicable (NOTE Re	spatered Agend's gnature region
12.	OFFICERS AND DIRECTORS	1 3.
TITLE	DP (.1 DELFIE	1 1 TIFLE
NAME	CANTERA, ISABEL J	1.2 NAME
STREET ADDRESS	7695 S.W. 104TH STREET	13 STREET ADORESS
CITY-ST-ZIP	PINECREST FL 33156	14 CiTY-ST-ZIP
TITL€	[DELETE	21 TITLE
NAME		2.2 NAME
STREET ADDRESS		23 STREET ADDRESS
CITY-ST-ZIP		2.4 City-St-Zir-
TITLE	[] DELETE	3 I TITLE
NAME		3 2 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY-ST-ZIP		34 CHY-ST-ZIP
TITLE	C.I DELETE	4 1 THEF
NAME		4 2 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-SI-ZIP
TITLE	(DELETE	517HLE
NAME		5.2 NAME
STREET ADDRESS		5 3 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-7IP
TITLE	[] DELETE	61 Juli #
NAME		6 2 NAME
\$TREET ADDRESS		63 STREET ADDRESS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [| Change [] Addition

100002815771---6 -03/23/99--01082--008 ****150_00 []Change []Addition ***1200.00

> [| Change [] Addition

85 Zip Code

Applied For

Not Applicable

[_] Addition

14. Thereby 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, or on an attention and others, with all other like empowered.

SIGNATURE: