

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90037 046 \*\*\*158.75

DOCUMENT # P97000076603

1. Corporation Name  
WALOPE ENTERPRISES, INC.

Principal Place of Business

8035 SW 107TH AVE  
SUITE 111  
MIAMI FL 33173

Mailing Address

8035 SW 107TH AVE  
SUITE 111  
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1997

4. FEI Number

65-0781879

Applied For

Not Applicable

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes

☒ No

2. Principal Place of Business

21 12230 SW 10TH STREET

2a. Mailing Address

26 12230 SW 10TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI, FL.

City & State

28 MIAMI, FL

Zip

24 33184

Country

25 DADE

Zip

29 33184

Country

30 DADE

9. Name and Address of Current Registered Agent

LOPEZ, JORGE L  
8035 SW 107TH AVE  
SUITE 111  
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name JOSE LUIS LOPEZ  
82 Street Address (P.O. Box Number is Not Acceptable)  
12230 SW 10TH STREET  
83  
84 City MIAMI FL 85 Zip Code 33184

11. Pursuant to the provisions of Sections 607.0602 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, as applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/30/99

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME LOPEZ, JORGE L  
STREET ADDRESS 8035 SW 107TH AVE SUITE 111  
CITY-ST-ZIP MIAMI FL 33173

TITLE VD ☒ DELETE  
NAME LOPEZ, JOSE A  
STREET ADDRESS 8035 SW 107TH AVE SUITE 111  
CITY-ST-ZIP MIAMI FL 33173

TITLE DST ☐ DELETE  
NAME LOPEZ, KEIKO W  
STREET ADDRESS 8035 SW 107TH AVE SUITE 111  
CITY-ST-ZIP MIAMI FL 33173

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 PD ☐ Change ☒ Addition  
1.2 NAME JOSE LUIS LOPEZ  
1.3 STREET ADDRESS 12230 SW 10TH STREET  
1.4 CITY-ST-ZIP MIAMI, FL 33184

2.1 TITLE VDST ☒ Change ☐ Addition  
2.2 NAME KEIKO W. LOPEZ  
2.3 STREET ADDRESS 8200 SW 210TH ST APT 311  
2.4 CITY-ST-ZIP MIAMI FL 33189

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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE

JOSE LUIS LOPEZ

Date

Daytime Phone #

0249513

CR2E034 (11/98)