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

**PROFIT** CORPORATION AN YUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000076148

1. Corporation Name

PEPAW INVESTMENTS, INC.

## **FILED** Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90129 007 \*\*\*150.00



CORAL GARLES FL 33146    CORAL GARLES FL 33146    DO NOT WRITE IN TILE S SPACE	Principal Place of Business	Mailing Address			
3. Dise is concribated or Qualified   08/28/1998   App ted For   08/28/19	4674 PONCE DE LEON BLVD., STE. 305 CORAL GABLES FL 33146			DO NOT WOLLE IN T	IC CDACE
2. Pirropa Place of Business 1 80 S. W. 8 Lh S7. 25 P. O. BOX 16 44 33					15 SPACE
2. Principes Place of Dispenses   2. Mailing Address   4. FEII N. more   Applied Place   App				•	
100   S. W.   100   S. W.   2   P. O.   20					
Suite, A. J. #, etc.    Suite, A. J. #, etc.   Suite, A. J. #, etc.   Suite, A. J. #, etc.   Suite, A. J. #, etc.   Suite, A. J. #, etc.   County	2. Principal Place of Business		<del></del>		Apr lied For
Suite, Ap. M., etc.  2 Suite 2071  27 Suite 2071  28 WinAmi FL  28 MinAmi FL  29 MinAmi FL  20 WinAmi FL  20 WinAm	21 80 S. W. 8th ST.	26 P.O. BOX 16	4433	65-0858248	Not Applicable
City & State   Call	Suite, Apt. #, etc.	— — · · · ·		5. Certificate of Status Desired	-
A J 3   3   3   5   2   2   2   3   3   1   2   2   3   3   1   2   2   3   3   3   3   3   3   3   3					
20   20   20   20   20   20   20   20			L		
3. Name and Address of Current Registered Agent  STINSON, LOUIS JR 4675 POINCE DE LEON BLVD., STE. 305  CORAL GABLES FL 33146  13. Name  15. Name  16. Name  17. Dursua it to the provisions of Sections 607 0502 and 607.1508, Florida Statu es. the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am finally with and accept the obligation of, Section 90.0505, Ref rad Statutes.  17. Pursua it to the provisions of Sections 607 0502 and 607.1508, Florida Statu es. the above-named corporation submits this statement for the purpose of changing its registered office or registered office or registered agent. I am finally with, and accept the obligation of, Section 90.0505, Ref rad Statutes.  18. Name  19. Name and Address of New Registered Agent  19. Name  10. Name and Address of New Registered Agent  10. Name  10. Name and Address of New Registered Agent  10. Name  10. Name and Address of New Registered Agent  10. Name  10. Name  10. Name  10. Name  10. Name  10. Name and Address of New Registered Agent  10. Name  10. N			Country	8. This corporation owes the current year	
10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent   11. Name   11. Name   12. Street Acdress (P.O. Box Number is Not Acceptable)   12. Street Acdress (P.O. Box Number is Not Acceptable)   13. Name   14. Name	24 33 130 25 USA	29 33114	30 U.S.A	Persor al Property Tax.	☐ Yes ☑No
STINSON, LOUIS JR 4675 PONCE DE LEON BLVD., STE. 305 CORAL GABLES FL 33146  82 Street Address (P.O. Box Number is Not Acceptable)  83 Bab		ent Registered Agent		10. Name and Address of New Registere	d Agent
4675 PONCE DE LEON BLVD., STE. 305 CORAL GABLES FL 33146  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statu es, the above-named corporation submits this statement for the purpose. If changing its rujislatered office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of creators. Thereby accept the appropriate in submits this statement for the purpose. If changing its rujislatered office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of creators. Thereby accept the appropriate in submits this statement for the purpose. If changing its rujislatered office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of creators. Thereby accept the appropriate in submits this statement for the purpose. If change its rujislatered agent of both, in the State of Florids. Such agent is rujislatered agent of the corporation's board of creators. Thereby accept the appropriate is rujislatered office or registered agent, or both, in the State of Florids. Such agent is rujislatered office or registered agent, or both, in the State of Florids Statutes.  12. The submits the corporation's board of creators. Thereby accept the appropriate of Agent or registered or registered agent, or both, in the State of Florids Statutes.  12. The submits the corporation's board of creators. Thereby accept the appropriate of Agent or registered or registered agent of rectors. Thereby accept the appropriate of the purpose of creators. The purpose of creators agent or registered agent of rectors. Thereby accept the appropriate of rectors. Thereby accept the appropriate of the purpose of creators. The purpose of creators agent or registered agent or regis			81 Name		
CORAL GABLES FL 33146  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607:0502 and 607:1508, Florida Statut as, the above-named corporation submit this statement for the purcose of changing its registered office or egistered agent, or both, in the State of Florida, Such change was rethorized by the corporation's board of cirectors. Thereby accept the appaintment as registered agent, and manifold with, made accept the obligations of, Section 607:0505, Florida Statutes  SIGNATURE  SIGNATURE  12. DEFFICIENS AND DIRECTORS  13. ADDITIC NIS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  13. THE 12. NAME  13. THE 12. NAME  13. THE 12. NAME  14. City  FL 97				cdress (P.O. Box Number is Not Acceptable)	
### City ### Land to the provisions of Sections 607 0502 and 607 1508, Florida Statu es. the above-named corporation submits this statement for the purpose of changing its rigistered agent, or both, in the State or Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607 0505, Fix rida Statutes.  SIGNATURE    Signature, typed of printed his wird insplational agent in an other insplational agent in the obligations of section 607 0505, Fix rida Statutes.  12.		E. 303			
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statu es. the above-named corporation submits this statement for the purpose of changing its rigistered office or registered agent, or both, in the State or Florida. Such change was ruthorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, File ridad Statutes.  SIGNATURE  Signature, typed or printed rail with implatemed agent and sole if applicable (NOT) Registered Agent signature registered agent and sole if applicable (NOT) Registered Agent signature registered agent registered agent as registered agent as registered agent a	COHAL GABLES FL 33146		83		
office or registered agent, or both, in the State of Florida. Such change was runhorized by the corporation's board of cirectors. Thereby accept the appainment as registered agent, in a familiar with, and accept the obligations of, Section 607.0505, Rindia Statutes.  SIGNATURE    Signature, typed or printed rail or of registered agent and time applicable   NOTI   Registered Agent signature required when remotishing)   DATE			84 City	F	85 Zip Code
SIGNATURE    Signature, typed or printed rail are of registered agent and title if applicable.   NOTE   Registered Agent signature regis and when requisition   DELETE   11 TITLE   DELETE   11 TITLE   DELETE   11 TITLE   DELETE   11 TITLE   DELETE   12 NAME   STINSON, LOUIS JR   STINSON, LOUIS JR   STINSON, STEE, 305   STINSON, STINSON, STEE, 305   STINSON, STINSON, STINSON, STEE, 305   STINSON, STINSON	office or registered agent or both in the Sta	te o Florida. Such change was ຄຸມ	thorized by the corpor	congration submits this statement for the purpose	of changing its registered
12.	SIGNATURE			DATE	
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STINSON, LOUIS JR	· — — - · · · · · · · · · · · · · · · ·		- <b>-</b>	<del></del>	
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CORAL GABLES FL 33146			12 NAME	DAS WI OTH ST SUITE	2071
DELETE   DELETE   2.1 TITLE	1	D., STE. 305			
MAME	CITY-ST-ZIP CORAL GABLES FL 33146		1.4 CITY-ST-ZIP	1714MI, FL 33130	
STREET ADDRESS   23 STREET ADDRESS   24 CITY-ST-ZIP   24 CITY-ST-ZIP   77 / 79 / 71 / 79 / 71 / 79 / 71 / 79 / 71 / 79 / 71 / 79 / 71 / 79 / 71 / 79 / 71 / 79 / 71 / 79 / 71 / 79 / 71 / 79 / 71 / 79 / 71 / 79 / 71 / 79 / 79	TITLE	) DELETE	2.1 TITLE	" med VEDROS	☐ Change ☐ Addition
CITY-ST-ZIP	NAME		22 NAME	JAMSE Z VADOU	2071
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STREET ADDRESS	TITLE	☐ DELETE			☐ Change ☐ Addition
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   Change   Addition	NAME		32 NAME		•
CITY-ST-ZIP			3.3 STREET ADDRESS		
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A 2 NAME		☐ DELETE			Change Addition
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Addition					
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY- ST- ZIP         CHANGE         Change         Addition           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         6.3 STREET ADDRESS         6.3 STREET ADDRESS			4.4 CITY-ST-ZIP		
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SIRCEI AUUNCOS	NAME				
CITY-ST-ZIP 6.4 CITY-ST-ZIP	STREET ADDRES3				
44. At a life that the information of the file does not qualify for the exemption stated in Section 119.07/3/(i) Florida Statutes I further of this that the information	CITY-ST-ZIP				

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 unrier 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 par an attachment with an address, with all other like empowered.

SIGNATURE:

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