

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90157 015 ***150.00

DOCUMENT # P98000078235

1. Corporation Name

RIOPELLE, SANCHEZ & ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

364 SPRINGDALE CIRCLE
PALM SPRINGS FL 33461

Mailing Address

364 SPRINGDALE CIRCLE
PALM SPRINGS FL 33461

2. Principal Place of Business

21 601 South Federal Hwy Ste 205

22 City & State
Lake Worth, FL

23 Zip
33460

24 Country
USA

2a. Mailing Address

27 601 S. Federal Hwy Ste 205

28 City & State
Lake Worth, FL

29 Zip
33460

30 Country
USA

3. Date Incorporated or Qualified

09/04/1998

4. FEI Number

65-0862889

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RIOPELLE-SANCHEZ, CLAUDINETT
364 SPRINGDALE CIRCLE
PALM SPRINGS FL 33461

10. Name and Address of New Registered Agent

81 Name

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

601 South Federal Hwy

83 Ste 205

84 City
Lake Worth

FL

85 Zip Code

33460

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RIOPELLE-SANCHEZ, CLAUDINETT
STREET ADDRESS 364 SPRINGDALE CIRCLE
CITY-ST-ZIP PALM SPRINGS FL 33461

TITLE VD
NAME SANCHEZ, OLEXYS
STREET ADDRESS 364 SPRINGDALE CIRCLE
CITY-ST-ZIP PALM SPRINGS FL 33461

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 601 South Federal Hwy, Ste 205
1.4 CITY-ST-ZIP Lake Worth, FL 33460

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 601 South Federal Hwy, Ste 205
2.4 CITY-ST-ZIP Lake Worth, FL 33460

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

Claudine R. Sanchez

Date

4/15/99

Daytime Phone #

585-3410

CR2E034 (11/98)