FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S75317** **(5)**

1. Corporation Name
URUPANZ CORP.

Principal Place of Business
7304 N.W. 79TH TERRACE
MEDLEY FL 33166

Mailing Address
7304 N.W. 79TH TERRACE
MEDLEY FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/22/1991**
3a. Date of Last Report: **03/11/1994**

2. Principal Place of Business
21 URUPANZ
Suite Apt # etc. 22
City & State 23 MEDLEY
Zip 24 33166 Country 25 DADE

2a. Mailing Address
26 7304 N.W. 79 TERR
Suite Apt # etc. 27
City & State 28 FL
Zip 29 Country 30

4. FEI Number: **65-0281270** 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 has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
ZERBINI, ROSA A.
7304 N.W. 79TH TERRACE
MEDLEY FL 33166

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ZERBINI, ROSA A.
STREET ADDRESS	8260 S.W. 210 ST #201
CITY ST ZIP	MIAMI FL
TITLE	ST
NAME	ZERBINI, ROSA A.
STREET ADDRESS	8260 S.W. 210 ST #201
CITY ST ZIP	MIAMI FL
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. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY ST ZIP	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY ST ZIP	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY ST ZIP	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY ST ZIP	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY ST ZIP	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY ST ZIP	

14. I hereby certify that the information supplied with this filing, and clarified if qualified, for the purposes of Section 607.0193, Florida Statutes, Qualified Entity, that the information contained in the annual report or supplemental annual report is true and accurate and that my signature shall serve as my affirmation under oath. That I am an officer or director of the corporation or the agent of the corporation upon whom the annual or supplemental annual report is filed, and that my name appears in Block 12 or Block 13 if changed, or is an additional officer or director.

SIGNATURE: [signature] 4/26/95 205 EST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0170022 CP