

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 25 PM 12:03

DOCUMENT # **S78178** (8)

1. Corporation Name
F. R. TUPPER CORP.

Principal Place of Business Mailing Address

**% PEDRO P. SAEZ, P.A.
5200 BLUE LAGOON DR., SUITE 700
MIAMI FL 33126**

**% PEDRO P. SAEZ, P.A.
5200 BLUE LAGOON DR., SUITE 700
MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/26/1991		3a. Date of Last Report 03/16/1994	
2. Principal Place of Business 21 901 Ponce De Leon Blvd.		2a. Mailing Address 26 901 Ponce De Leon Blvd.	
Suite, Apt. #, etc. 22 701		Suite, Apt. #, etc. 27 701	
City & State 23 Coral Gables, Florida		City & State 28 Coral Gables, Florida	
Zip 24 33134		Country 25 US	
Country 29 US		Zip 30 33134	
4. FEI Number 65-2028644		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
SAEZ, PEDRO P ESQ 5200 BLUE LAGOON DRIVE SUITE 700 MIAMI FL 33126				B1	Name			
				B2	Street Address (P.O. Box Number is Not Acceptable)			
				B3	901 Ponce De Leon Blvd.			
				B4	Suite 701			
				B5	City			
						FL	Zip Code	
							33134	

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUPPER, FERNANDO RODRIGUEZ	2. NAME	
STREET ADDRESS	199 OCEAN LN DR #803	3. STREET ADDRESS	
CITY, ST, ZIP	KEY BISCAYNE FL 33133	4. CITY, ST, ZIP	
TITLE	VPS	21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANICHI, ELSA BARCELLOS	22. NAME	de las CARRERAS, CONSUELO
STREET ADDRESS	199 OCEAN LN DR #803	23. STREET ADDRESS	155 OCEAN LN DR Apt 705
CITY, ST, ZIP	KEY BISCAYNE FL	24. CITY, ST, ZIP	KEY BISCAYNE, FL 33133
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), 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.

SIGNATURE: X *Consuelo de las Carreras* **Consuelo de las Carreras**

Signature and Typed Name of Director/Officer or Director Date Signature Printed