

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 22 AM 9:13

DOCUMENT # V01004

(3)

1. Corporation Name

KIPE & FAMILY INC.

Principal Place of Business

Mailing Address

5760 ALTON RD.
MIAMI FL 33140

5760 ALTON RD.
MIAMI FL 33140

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/18/1991

3a. Date of Last Report

01/26/1994

4. FEI Number

65-0325225

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 s. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAZ, JOSE RAMON
5760 ALTON RD.
MIAMI FL 33140

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Jose R. Diaz
Signature, typed or printed name of registered agent and applicant

PRESIDENT JR. DIAZ
Registered Agent signature required when reappointing

6/17/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	DAZ, JOSE RAMON
STREET ADDRESS	5760 ALTON RD.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	DAZ, MARIA DE L.A.P.
STREET ADDRESS	5760 ALTON RD.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	DAZ, JOSE R., JR.
STREET ADDRESS	5760 ALTON RD.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	LAMBERT, EUDARDO, JR.
STREET ADDRESS	5760 ALTON RD.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	DAZ, VICTOR
STREET ADDRESS	5760 ALTON RD.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	LAMBERT, JOSE
STREET ADDRESS	5760 ALTON RD.
CITY - ST - ZIP	MIAMI FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 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(3)(k), 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:

Jose R. Diaz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE R DIAZ PRESIDENT

6/17/95 (305) 377-6112
Date (Include Phone #)

CR2E034 (3/95)