

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V01004** (3)

1. Corporation Name

KIPE & FAMILY INC.



Principal Place of Business

**5760 ALTON RD.
MIAMI FL 33140**

Mailing Address

**5760 ALTON RD.
MIAMI FL 33140**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified
12/18/1991

3a. Date of Last Report
06/22/1995

4. FFI 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

9. Name and Address of Current Registered Agent

**DIAZ, JOSE RAMON
5760 ALTON RD.
MIAMI FL 33140**

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of board member, president and chief officer.

(If only the registered agent's signature is required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D DIAZ, JOSE RAMON**
STREET ADDRESS **5760 ALTON RD.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **D DIAZ, MARIA DE L.A.P.**
STREET ADDRESS **5760 ALTON RD.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **D DIAZ, JOSE R., JR.**
STREET ADDRESS **5760 ALTON RD.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **D LAMBERT, EUDARDO, JR.**
STREET ADDRESS **5760 ALTON RD.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **D DIAZ, VICTOR**
STREET ADDRESS **5760 ALTON RD.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **D LAMBERT, JOSE**
STREET ADDRESS **5760 ALTON RD.**
CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Ramon Diaz

JOSE RAMON DIAZ

4/9/96

770-7970

DATE

DATE AND PHONE #

CR2E034 (12/95)