

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V28445

(7)

1. Corporation Name

CONPA ENTERPRISES, CORP.



Principal Place of Business

Mailing Address

13926 S.W. 65 TERR.
MIAMI FL 33183

13926 S.W. 65 TERR.
MIAMI FL 33183

2. Principal Place of Business

21 8635 NW 54th ST.

Suite, Apt. #, etc.

22

City & State

23 MIAMI FL

Zip

24 33166

Country

2a. Mailing Address

26 8635 NW 54th ST.

Suite, Apt. #, etc.

27

City & State

28 MIAMI FL

Zip

29 33166

Country

30

3. Date Incorporated or Qualified

04/14/1992

3a. Date of Last Report

08/09/1995

4. FEI Number

65-0325891

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

CONDE, DORIS
139926 SW 65 TERR.
MIAMI FL 33183

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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed for each registered agent and director

Date of Signature for Agent and Director

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTS
CONDE, JOE
13926 SW 65 TERR.
MIAMI FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
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CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP
☐ Change ☐ Addition

2. TITLE
2. NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

3. TITLE
3. NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

4. TITLE
4. NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

5. TITLE
5. NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

6. TITLE
6. NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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 as an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/96 (105) 594 0686
Date Signature Printed

CR2E034 (12/95)