

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 21 1997 8:00am**  
**Secretary of State**



PROFIT CORPORATION  
 ANNUAL REPORT  
 1997

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

**DOCUMENT # V31943 (6)**  
 1. Corporation Name  
**URPI CORP.**



Principal Place of Business Mailing Address  
**C/O GEORGE R. MORAITIS** **C/O GEORGE R. MORAITIS**  
**915 MIDDLE RIVER DRIVE #506** **915 MIDDLE RIVER DRIVE #506**  
**FT. LAUDERDALE FL 33304** **FT. LAUDERDALE FL 33304-3500**

3. Date Incorporated or Qualified **04/23/1992** 3a. Date of Last Report **04/18/1996**  
 4. FEI Number **65-0324735** 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 Suite, Apt #, etc 26 Suite, Apt #, etc  
 22 City & State 27 City & State  
 23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent  
**MORAITIS, GEORGE R.**  
**915 MIDDLE RIVER DRIVE**  
**SUITE 506**  
**FT. LAUDERDALE FL 33304**

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 of corporation or authorized registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<del>DVP</del> <b>DVPS</b> <input type="checkbox"/> DELETE
NAME	<del>UNCARO, ZIOLA</del> <b>RIVERA, ALFREDO</b>
STREET ADDRESS	<del>812 SO OCEAN BLVD</del> <b>31 W. Palm Drive</b>
CITY-ST-ZIP	<del>POMPANO BCH FL</del> <b>Margate FL SB.</b>
TITLE	<b>DP</b> <input type="checkbox"/> DELETE
NAME	<b>BISSO, GIULIANA CARME</b>
STREET ADDRESS	<b>31 WEST PALM DR.</b>
CITY-ST-ZIP	<b>MARGATE FL</b>
TITLE	<b>DT</b> <input type="checkbox"/> DELETE
NAME	<b>POMAR, JOSEFINA</b>
STREET ADDRESS	<b>812 SO OCEAN BLVD</b>
CITY-ST-ZIP	<b>POMPANO BCH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D, VP, S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>RIVERA, ALFREDO</b>
1.3 STREET ADDRESS	<b>31 W. PALM DRIVE</b>
1.4 CITY-ST-ZIP	<b>MARGATE, FL</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Giuliana Bisso** **Giuliana Bisso, Pres.** **02/11/97** **(954)984-0977**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)