

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # V33043

(3)

1. Corporation Name

SPES INTERNATIONAL CORP.

Principal Place of Business

**4205 SALZEDO ST
CORAL GABLES FL 33146**

Mailing Address

**4205 SALZEDO ST
CORAL GABLES FL 33146**

**APPROVED
AND
FILED**

95 APR 17 AM 11:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/01/1992

3a. Date of Last Report

02/18/1994

4. FEI Number

65-0332717

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCOPETTA, GEORGE M.
4205 SALZEDO ST
CORAL GABLES FL 33146**

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	SCOPETTA, GEORGE M.
STREET ADDRESS	4205 SALZEDO ST
CITY - ST - ZIP	CORAL GABLES FL
TITLE	D
NAME	SCOPETTA, JOHN R.
STREET ADDRESS	4205 SALZEDO ST
CITY - ST - ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	V/D	☒ Change ☐ Addition
1.2 NAME	George M. Scopetta	
1.3 STREET ADDRESS	4205 Salzedo St.	
1.4 CITY - ST - ZIP	Coral Gables, FL 33146	
2.1 TITLE	V/D	☒ Change ☐ Addition
2.2 NAME	John R. Scopetta	
2.3 STREET ADDRESS	4205 Salzedo St.	
2.4 CITY - ST - ZIP	Coral Gables, FL 33146	
3.1 TITLE	P/D	☐ Change ☒ Addition
3.2 NAME	John N. Scopetta	
3.3 STREET ADDRESS	4205 Salzedo St.	
3.4 CITY - ST - ZIP	Coral Gables, FL 33146	
4.1 TITLE	S/T/D	☐ Change ☒ Addition
4.2 NAME	Mercedes E. Scopetta	
4.3 STREET ADDRESS	4205 Salzedo St.	
4.4 CITY - ST - ZIP	Coral Gables, FL 33146	
5.1 TITLE	AS/AT	☐ Change ☒ Addition
5.2 NAME	Marlene Martinez	
5.3 STREET ADDRESS	4205 Salzedo St.	
5.4 CITY - ST - ZIP	Coral Gables, FL 33146	
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:

George M. Scopetta
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4/12/95 (305) 567-2630
Date Signature (Phone #)