

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Barbara B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

55 MAY - 1 11 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V59214** (9)  
1. Corporation Name:  
**BOBYPAC ENTERPRISES, CORP.**

Principal Place of Business: **2524 SW 112 AVE MIAMI FL 33165**  
Mailing Address: **2524 SW 112 AVE MIAMI FL 33165**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/21/1992**  
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
State Apt # etc.: **22**  
City & State: **23**  
City: **24** State: **25** City: **29** State: **30**

4. FEI Number: **65-0352792** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contributor:  **\$5.00 May Be Added to Fees**  
B. This corporation has liability for intangible tax under § 199.037, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**MUNIZ, FRANCISCO L.  
2524 SW 112 AVE  
MIAMI FL 33165**

10. Name and Address of New Registered Agent  
B1 Name: \_\_\_\_\_  
B2 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
B3 \_\_\_\_\_  
B4 City: \_\_\_\_\_ FL B5 Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.0402 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, and hereby accepted the appointment as registered agent. I am hereby accepting the appointment as registered agent under Section 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. TITLE	PD
2. NAME	MUNIZ, FRANCISCO L.
3. STREET ADDRESS	2524 SW 112 AVE
4. CITY, ST. ZIP	MIAMI FL
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST. ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST. ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST. ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST. ZIP		
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY, ST. ZIP		
25. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME		
27. STREET ADDRESS		
28. CITY, ST. ZIP		
29. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME		
31. STREET ADDRESS		
32. CITY, ST. ZIP		

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.037(6)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. But I am not liable or else for of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 199, 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

4/27/95 305-828-0828