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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 2:35

DOCUMENT # F69025 (7)

1. Corporation Name
RENE PEREZ AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
115 PONCE DE LEON BLVD. MIAMI FL 33135	115 PONCE DE LEON BLVD. MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/17/1982
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2166764 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PEREZ, RENE 115 PONCE DE LEON BLVD. CORAL GABLES FL 33135	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT / SECRETARY ☒ Change ☐ Addition
NAME	PEREZ, RENE	1.2 NAME	RENE PEREZ
STREET ADDRESS	115 PONCE DE LEON BLVD	1.3 STREET ADDRESS	115 PONCE DE LEON BLVD
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	CORAL GABLES FL. 33134
TITLE	D	2.1 TITLE	ASSISTANT SECRETARY ☒ Change ☐ Addition
NAME	PEREZ, MARTA	2.2 NAME	MARTA PEREZ
STREET ADDRESS	115 PONCE DE LEON BLVD	2.3 STREET ADDRESS	115 PONCE DE LEON BLVD
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	CORAL GABLES FL. 33134
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, MILSIE	3.2 NAME	
STREET ADDRESS	115 PONCE DE LEON BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, ALBERTO	4.2 NAME	
STREET ADDRESS	5455 SW 8TH ST. #225	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	ALFREDO LOPEZ	5.2 NAME	
STREET ADDRESS	115 PONCE DE LEON BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 above, or on an attachment with an asterisk.

SIGNATURE: [signature] RENE PEREZ PRESIDENT 2/1/95 305-444-8229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

01F2000 CP