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Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

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

4. FEI Number: 59-2166764 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) Country (25) / Zip (29) Country (30)

9. Name and Address of Current Registered Agent

PEREZ, RENE
115 PONCE DE LEON BLVD.
CORAL GABLES FL 33135

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 _____ 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	PS	☐ DELETE	1.1 TITLE	P/D	☑ 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	CORAL GABLE FL		1.4 CITY-ST-ZIP	Coral Gable FL 33135	
TITLE	AS	☐ DELETE	2.1 TITLE	T/S	☑ 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	CORAL GABLES FL		2.4 CITY-ST-ZIP	Coral Gables FL 33135	
TITLE	D	☑ DELETE	3.1 TITLE	V	☐ Change ☐ Addition
NAME	GONZALEZ, MILSIE		3.2 NAME	Seymour Kahn	
STREET ADDRESS	115 PONCE DE LEON BLVD		3.3 STREET ADDRESS	5456 mcconnell ave.	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Los Angeles, CA 90066	
TITLE	D	☑ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	GONZALEZ, ALBERTO		4.2 NAME	Joseph A. Czyzyk	
STREET ADDRESS	5455 SW 8TH ST. #225		4.3 STREET ADDRESS	5456 mcconnell ave.	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Los Angeles, CA 90066	
TITLE	D	☑ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	LOPEZ, ALFREDO		5.2 NAME	Michael Hancock	
STREET ADDRESS	115 PONCE DE LEON BLVD.		5.3 STREET ADDRESS	7205 N.W. 19th Street, Suite 505	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	Miami, FL 33126	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME			6.2 NAME	William Nassif	
STREET ADDRESS			6.3 STREET ADDRESS	16261 Walrus Lane	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Huntington Beach, CA 92649	

CR2E034 (10/97)

14. I 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: _____ (310) 827-2737