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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F69025**

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 Qualifed: 02/17/1982

4. FEI Number: 59-2166764 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2000 N.W. 89 PLACE	26 2000 N.W. 89 PLACE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI FL.	City & State 28 MIAMI FL.
Zip / Country 24 33172-2618 25 USA	Zip / Country 29 33172-2618 30 USA

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): 2000 N.W. 89 PLACE

83

84 City: MIAMI FL 85 Zip Code: 33172

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	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	PEREZ, RENE		1.2 NAME	
STREET ADDRESS	115 PONCE DE LEON BLVD.		1.3 STREET ADDRESS	2000 N.W. 89 PLACE
CITY-ST-ZIP	CORAL GABLE FL 33135		1.4 CITY-ST-ZIP	MIAMI FL. 33172-2618
TITLE	TS	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	PEREZ, MARTA		2.2 NAME	
STREET ADDRESS	115 PONCE DE LEON BLVD.		2.3 STREET ADDRESS	2000 N.W. 89 PLACE
CITY-ST-ZIP	CORAL GABLES FL 33135		2.4 CITY-ST-ZIP	MIAMI FL. 33172-2618
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KAHN, SEYMOUR		3.2 NAME	
STREET ADDRESS	5456 MCCONNELL AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90066		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CZYZYK, JOSEPH A		4.2 NAME	
STREET ADDRESS	5456 MCCONNELL AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90066		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HANCOCK, MICHAEL		5.2 NAME	
STREET ADDRESS	7205 MW 19TH ST, STE 505		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	NASSIF, WILLIAM		6.2 NAME	
STREET ADDRESS	16261 WALRUS LN		6.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTINGTON BCH LA 92649		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: _____ RENE PEREZ 2-9-99 (305) 444-8229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)