## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90173 003 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

**FILED** 

## **DOCUMENT # H05751**

FRANCISCO J. PEREZ & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

270 N.E. 51ST ST.

270 N.E. 51ST ST.

FT. LAUDERDALE FL 33334

FT. LAUDERDALE FL 33334

|  |   |                                      |  | 3. Date incorporated or Qualifed 05/30/1984  |  |
|--|---|--------------------------------------|--|--|--|
| 2 Principal D  | Place of Business   | 2a. Mailing Address                  |  | 4. FEI Number  | Applied For                                  |
| 2. Philiopair  | E. OAKLAM PK B.   | Za. Walling Address                  | an Pot River   | 59-2417683   | Not Applicable                               |
| Suite, Apt.  | # etc   | Suite, Apt. #, etc.                  |  | \$5  | 3.75 Additional                              |
| 2 #  | 201   | 27 # 20 1<br>City & State            |  | LE Cartifesta of Status Desired 1 1  | Fee Required                                 |
| City & Stat  | ie .  | City & State                         |  | , ,  | 5.00 May Be                                  |
| 3 FT 6   | LAUNERDALL, FL  | 28 PT LANDERDA                       | L. 12  | <del> </del>   | Added to Fees                                |
| Zip  | Country   | Zip                                  | Country  | 8. This corporation owes the current year Intangib   |  |
| 4 333  |   | 29 33306 31                          | U5A_   | Personal Property Tax.   |  |
|  | 9. Name and Address of Currer   | nt Registered Agent                  |  | 10. Name and Address of New Registered Agen  | <u>.                                    </u> |
| OFD  | EZ EDANOIGO I   |                                      | 81 Name  |  | Í  |
| PEREZ, FRANCISCO J                                     |   |                                      | 82 Street Address (P.O. Box Number is Not Acceptable)                                    |  |  |
| % PEREZ AND ASSOCIATES                                 |   |                                      | 2631 E. OHKLIND PK BLVO  |  |  |
|  | NE 51ST ST  |                                      | 83   | E 1  | {  |
| FI.  | Lauderdale FL 33334   |                                      | 84 City  | e 201<br>cancerone FL 85   | Zip Code                                     |
|  |   |                                      | D4 City  | cancer one FL 180  | 33306  |
| office or r  | to the provisions of Sections 607.050<br>registered agent, or both, in the State<br>am familiar with, and accept the obliga | of Florida. Such change was auth     | orized by the corporation  | oration submits this statement for the purpose of chango's board of directors. I hereby accept the appointment | aring its registered                         |
| OIOIT/IIOILE   | Signature, typed or printed name of registered age  | nt and title if applicable (NOTE: Re | gistered Agent signature required  | when reinstating) DATE   |  |
| 12.  | OFFICERS AN   | ID DIRECTORS                         | 13.  | ADDITIONS/CHANGES TO OFFICERS AND DIF  |  |
| TITLE  | PD  | ☐ DELETE                             | 1.1 TITLE  |  | Change                                       |
| NAME   | PEREZ, FRANCISCO J.   |                                      | 1.2 NAME   |  | •  |
| STREET ADDRESS   | 270 NE 51 ST.   |                                      | 1.3 STREET ADDRESS -24   | 131 E. OAKLAM PR BEUD  | #201   |
| CITY-ST-ZIP  | FT. LAUDERDALE FL   |                                      | 1.4 CITY-ST-ZIP  | 7 LAND PE 33306  |  |
| TITLE  |   | ☐ DELETE                             | 2.1 TITLE  |  | hange Addition                               |
| NAME   | ļ   |                                      | 2.2 NAME   |  |  |
| STREET ADDRESS   |   |                                      | 2.3 STREET ADDRESS   | •  | ł  |
|  |   |                                      | 2. 4 CITY-ST-ZIP   |  | 1  |
| CITY-ST-ZIP  | <del> </del>  | ☐ DELETE                             | 3.1 TITLE  |  | hange Addition                               |
| TITLE  |   |                                      | i i  | L.   | ,,   |
| NAME   |   |                                      | 3.2 NAME   |  |  |
| STREET ADDRESS   |   |                                      | 3.3 STREET ADDRESS   |  | {-   |
| CITY-ST-ZIP  | ļ   |                                      | 3.4. CITY-ST-ZIP   |  | Change [] Addition                           |
| TITLE  | 1   | ☐ DELETE                             | 4.1 TITLE  | П  | Change                                       |
| NAME   | }   |                                      | 4. 2 NAME  |  | }  |
| STREET ADDRESS   |   |                                      | # 44 ATREET 4000E00  |  | 1  |
| CITY-ST-ZIP  |   |                                      | 4.3 STREET ADDRESS   |  | ]  |
|  |   |                                      | 4.4 CITY-ST-ZIP  |  |  |
| TITLE  |   | ☐ DELETE                             | 4.4 CITY-ST-ZIP<br>5.1 TITLE   |  | Change Addition                              |
| TITLE<br>NAME  |   | ☐ DELETE                             | 4.4 CITY-ST-ZIP  |  | Change Addition                              |
|  |   | ☐ DELETE                             | 4.4 CITY-ST-ZIP<br>5.1 TITLE   |  | Change Addition                              |
| NAME   |   | ☐ DELETE                             | 4.4 CITY-ST-ZIP<br>5.1 TITLE<br>5.2 NAME   |  | Change Addition                              |
| NAME<br>STREET ADDRESS                                 |   | ☐ DELETE                             | 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS                                    |  | Change Addition                              |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  |   | _                                    | 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP                    |  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME |   | _                                    | 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE          |  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE         |   | _                                    | 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME |  |  |

Incrept 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 informatic 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 trusted 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:

954) 567-2062