

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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90143 043 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

DOCUMENT # **P95000059259**

1. Corporation Name  
**PERANTO INVESTMENT CORPORATION**



Principal Place of Business  
 1055 NW 27TH AVENUE  
 MIAMI FL 33125  
 US

Mailing Address  
 9801 COLLINS AVE  
 19-J  
 MIAMI BEACH FL 33154  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

3. Date incorporated or Qualified  
**08/01/1995**

4. FEI Number  
**65-0638805**

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 the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALDES, DAGOBERTO  
 8404 S.W. 40TH ST  
 MIAMI FL 33155

81 Name **MARIA E. QUINTERO**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **9801 COLLINS AV. # 19 J**  
 84 City **MIAMI BEACH** FL 85 Zip Code **33154**

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 *[Signature]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)  
 DATE **3/1/99**

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	QUINTERO, JAVIER QUINTERO	
STREET ADDRESS	9801 COLLINS AVENUE, APT 19-J	
CITY-ST-ZIP	MIAMI BEACH FL 33154	
TITLE	VPD	
NAME	DE QUINTERO, ANA QUINTERO	
STREET ADDRESS	9801 COLLINS AVE., APT 19-J	
CITY-ST-ZIP	MIAMI BEACH FL 33154	
TITLE	TSD	
NAME	QUINTERO, ANTONIO QUINTERO	
STREET ADDRESS	9801 COLLINS AVE., APT 19-J	
CITY-ST-ZIP	MIAMI BEACH FL 33154	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
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			
6.3 STREET ADDRESS			
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: *[Signature]* REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **3/1/99** (305) 865-6722  
 Daytime Phone #

CR2E034 (1.1/98)