

2-13-97 B-1815 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 243273 (0)

1. Corporation Name
PERKO, INC.



Principal Place of Business
**16490 NW 13TH AVE
 PO BOX 64000 D
 MIAMI FL 33169**

Mailing Address
**16490 NW 13TH AVE
 PO BOX 64000 D
 MIAMI FL 33169-5718**

3. Date Incorporated or Qualified **12/29/1960** 3a. Date of Last Report **03/06/1996**
 4. FEI Number **59-0932376** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**ROBINSON JR, BARNETT
 2255 GLADES RD #319
 BOCA RATON FL 33431**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	ASD	<input type="checkbox"/> DELETE
NAME	ROBINSON JR, BARNETT	
STREET ADDRESS	2255 GLADES RD #319	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BEDRAN, JENI M. JR	
STREET ADDRESS	16490 NW 13TH AVENUE	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	HOLLENBECK, LEROY	
STREET ADDRESS	16490 NW 13TH AVE	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PERKINS, MARVIN D	
STREET ADDRESS	16490 NW 13TH AVE	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PERKINS, FREDERICK M	
STREET ADDRESS	16490 NW 13TH AVE	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	? <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: *Jeni M. Bedran Jr.* **JENI M. BEDRAN JR.** 1/22/97 305 621 7525
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)