**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Mar 25 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** 386764 (5) PEREZ ENTERPRISES, INC. Principal Place of Business Mailing Address 10421 NW 27TH AVE 10421 NW 27TH AVE **MIAMI FL 33147 MIAMI FL 33147** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/11/1971 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-1362468 Not Applicable 21 26 \$8.75 Additional Suite, Apt #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name PEREZ, ROBERTO A 871 W 60 ST. 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33012 83 84 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** Stonature, typud or printed name of registered agent and line if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change Addition TITLE BENITA PEREZ PEREZ. ROBERTO A 1.2 NAME NAME 871 W 60 ST 871 W 60 ST. STREET ADDRESS 1.3 STREET ADDRESS HIALEA, F/ HIALEAH FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition - T 2.1 TITLE TITLE ROBERTO A. PEREZ PEREZ JR, ROBERTO A NAME 2.2 NAME 1900 W 54 ST., #402 STREET ADDRESS 2.3 STREET ADDRESS HIALRAH, Fl. HIALEAH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP **V** DELETE Change Addition 3.1 TITLE TITLE PEREZ, JOSE A 3.2 NAME 3552 SUNCREST DR. 3.3 STREET ADDRESS STREET ADDRESS LK. WORTH FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Change \_\_ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change \_\_ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

1-2-00

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 repolice 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.

STREET ADDRESS

CITY-ST-ZIP