

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 10:11

DOCUMENT # **F44348** (3)

1. Corporation Name
MANUEL PEREA P.E. INC.

Principal Place of Business Mailing Address
926 MALAGA AVENUE 926 MALAGA AVENUE
CORAL GABLES FL 33134 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/11/1981** 3a. Date of Last Report **01/24/1994**

4. FEI Number **59-2133317** Applied For Not Applicable

5. Certificate of Status Desired **\$6.75 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 §. 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 24 Country 25 29 30

9. Name and Address of Current Registered Agent

PEREA, MANUEL DE JESUS
926 MALAGA AVENUE
CORAL GABLES FL 33134

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

Signature of present (current) registered agent and their representative

(NONE) Registered Agent Signature required when registering

(N/A)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

12.1 TITLE **DP**
12.2 NAME **PEREA, MANUEL**
12.3 STREET ADDRESS **926 MALAGAN AVENUE**
12.4 CITY ST ZIP **CORAL GABLES FL**

12.5 TITLE
12.6 NAME
12.7 STREET ADDRESS
12.8 CITY ST ZIP

12.9 TITLE
12.10 NAME
12.11 STREET ADDRESS
12.12 CITY ST ZIP

12.13 TITLE
12.14 NAME
12.15 STREET ADDRESS
12.16 CITY ST ZIP

12.17 TITLE
12.18 NAME
12.19 STREET ADDRESS
12.20 CITY ST ZIP

13.1 1.1 TITLE Change Addition
13.2 1.2 NAME
13.3 1.3 STREET ADDRESS
13.4 1.4 CITY - ST - ZIP

13.5 2.1 TITLE Change Addition
13.6 2.2 NAME
13.7 2.3 STREET ADDRESS
13.8 2.4 CITY - ST - ZIP

13.9 3.1 TITLE Change Addition
13.10 3.2 NAME
13.11 3.3 STREET ADDRESS
13.12 3.4 CITY - ST - ZIP

13.13 4.1 TITLE Change Addition
13.14 4.2 NAME
13.15 4.3 STREET ADDRESS
13.16 4.4 CITY - ST - ZIP

13.17 5.1 TITLE Change Addition
13.18 5.2 NAME
13.19 5.3 STREET ADDRESS
13.20 5.4 CITY - ST - ZIP

13.21 6.1 TITLE Change Addition
13.22 6.2 NAME
13.23 6.3 STREET ADDRESS
13.24 6.4 CITY - ST - ZIP

14. I (we) hereby certify that the information supplied with this filing is voluntarily furnished and I (we) do not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 authorized 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 addition.

SIGNATURE:
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MANUEL PEREA PRESIDENT

1-7-95 (305) 446 8896