

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # F72464 (3)

1. Corporation Name

M P & SONS, INC.



Principal Place of Business

Mailing Address

**10099 NW 89 AVE.
BAY 9
MEDLEY FL 33178
US**

**10099 NW 89 AVE.
BAY 9
MEDLEY FL 33178
US**

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

29 Country

9. Name and Address of Current Registered Agent

**PEREZ, MARIO
14875 S.W. 212TH STREET
MIAMI FL 33187**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date of Incorporation or Qualified

3a. Date of Last Report

04/02/1982

01/31/1995

4. FEI Number

Applied For
Not Applicable

59-2188279

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above named corporation presents the statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.1505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	PEREZ, MARIO II	
STREET ADDRESS	14875 S.W. 212TH STREET	
CITY-STATE-ZIP	MIAMI FL 33187	
TITLE	V	☐ DELETE
NAME	PEREZ, PHELLICIA	
STREET ADDRESS	14875 SW 212 ST	
CITY-STATE-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY-STATE-ZIP	☐ Change ☐ Addition
18 TITLE	
19 NAME	
20 STREET ADDRESS	
21 CITY-STATE-ZIP	☐ Change ☐ Addition
22 TITLE	
23 NAME	
24 STREET ADDRESS	
25 CITY-STATE-ZIP	☐ Change ☐ Addition
26 TITLE	
27 NAME	
28 STREET ADDRESS	
29 CITY-STATE-ZIP	☐ Change ☐ Addition
30 TITLE	
31 NAME	
32 STREET ADDRESS	
33 CITY-STATE-ZIP	☐ Change ☐ Addition
34 TITLE	
35 NAME	
36 STREET ADDRESS	
37 CITY-STATE-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 business or business enterprise of which this report is prepared by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached word with address.

SIGNATURE: *Mario Perez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96 305-266-9876
Date of Filing

CR2E034 (12/95)