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Jan 16 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 # K69034 (2)

1. Corporation Name
ARMANDO PEREZ ENTERPRISES, CORP.



Principal Place of Business: 8675 NW 66TH ST MIAMI FL 33166
Mailing Address: 8675 NW 66TH ST MIAMI FL 33166-2670

3. Date Incorporated or Qualified: 02/28/1989
3a. Date of Last Report: 06/11/1996
4. FEI Number: 65-0105031
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: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEREZ, ANSELMO A.
159 EAST 18 STREET
MIAMI FL

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 principal or registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

Table with 5 rows and 2 columns: 12. OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: PEREZ, ANSELMO A., 159 EAST 18 STREET, MIAMI FL.

Table with 5 rows and 2 columns: 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes checkboxes for Change and Addition.

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: [Handwritten Signature] SIGNATURE AND TYPE OR LEGAL NAME OF SIGNING OFFICER OR DIRECTOR

Date: Day/Time Phone #

CR2E034 (9/96)