## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

K76698

(5)

FILED Apr 15 1998 8:00am Secretary of State

PEREZ REAL PROPERTY, INC.	(0)			
Principal Place of Business	Mailing Address	<del> / </del>		811 01011 01011 01011 01011 1001
C/O OSCAR PEREZ 2001 N.W. 5TH STREET MHAMN FL 33125-4321	C/O OSCAR PEREZ 2801 N.W. 5TH STREET MIAMI FL 33125-4321		DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualified 03/30/1989	
2. Principal Place of Business 21	2a. Mailing Address		4. FEI Number 65-0186554	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip         Country           24         25	Zip	Country 30	B. This corporation owes or has paid the cu	<del></del>
9. Name and Address of Curren	29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	[30]	Personal Property Tax due June 30.  10. Name and Address of New Registered	<u> </u>
PEREZ, OSCAR	- Hogistorou Figuri	81 Name	10. Name and Names of New Hegistera	Agent
2801 N.W. 5TH ST.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
MIAMI FL		63		
		84 City	FL	85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 807.0502 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligations.</li> </ol>	2 and 607.1508, Florida Statute of Florida. Such change was a tions of, Section 607.0505, Flo	es, the above-named corpora juthorized by the corpora grida Statutes.		f changing its registered sointment as registered
Signature, typed or printed name of registered ager	nt and title if applicable (NOTI	Registered Agent signature requi	red when reinstating) DATE.	
12. OF FICE RS AND	*** ***	13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE PD	☐ DELETE	1.1 TITLE		Change Addition
NAME PEREZ, OSCAR		1.2 NAME		
STREET ADDRESS 2801 N.W. 5TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL	- Dourt	1.4 CITY-ST-ZIP		
TITLE DST	DELETE	2 1 TITLE		Change Addition
NAME PEREZ, ILEANA STREET ADDRESS 2801 N.W. 5TH ST.		2.2 NAME		
44444 61		2.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		3.2 NAME		C outuings C Mayition
STREET ADDRESS		3.3 STREET ADDRESS		
CITY- ST-ZIP				
TITLE		■ 3.4 CITY - ST - ZIP		
NAME	☐ DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		☐ Change ☐ Addition
1	DELETE			☐ Change ☐ Addition
STREET ADDRESS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4. 2 NAME		☐ Change ☐ Addition
į –	☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		Change Addition  Change Addition
CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		4.1 TITLE 4.2 NAME 4.3 STREEI ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition

4. 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 Supplieriental 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 chapter of one an attachment with an address.

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2 20m./H21/1/